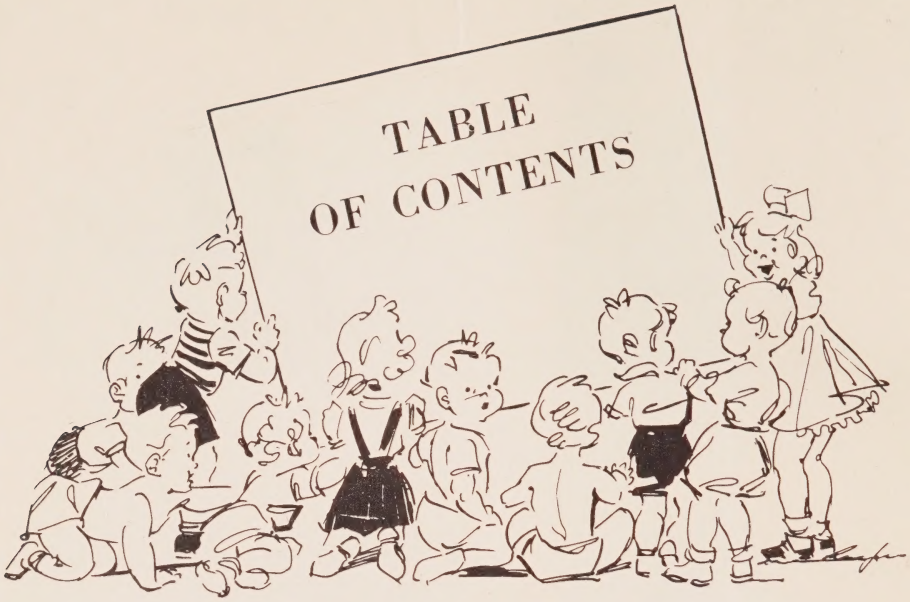
THIS book is a joint project of the Child and Maternal Health Division, Mental Health Division, Nutrition Division, Dental Health Division and Physical Fitness Division of the Department of National Health and Welfare, Ottawa. The Department gratefully acknowledges the help it has received in its preparation from Dr. Alan Brown, Mrs. R. E. G. Davis, Dr. Alton Goldbloom, Dr. J. D. M. Griffin, Dr. D. V. Hutton, Dr. Gaston Lapierre, Dr. Donat Lapointe, Mrs. Jean MacCrimmon, Dr. R. R. MacGregor and Dr. Elizabeth Chant Robertson. Mr. Nathan Dreskin edited the manuscript and supervised the production of the book.

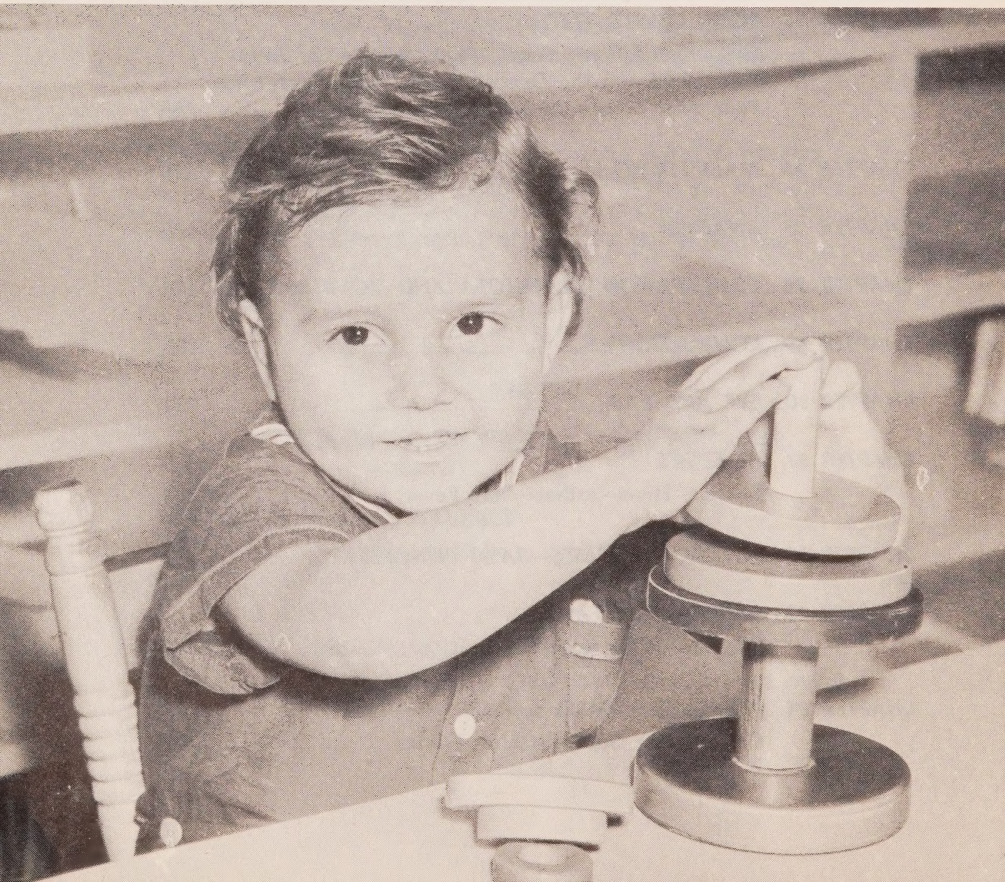
ERNEST COUTURE, M.D.
Director, Child and Maternal Health Division
Chairman, Editorial Board

Produced by
INFORMATION SERVICES DIVISION,
DEPARTMENT OF
NATIONAL HEALTH AND WELFARE,
OTTAWA
By Authority of the Minister, Hon. Paul Martin



PART II

BEHAVIOR



FOREWORD

THIS book follows "The Canadian Mother and Child" which was produced by the Department of National Health and Welfare to meet the needs of prospective mothers for information concerning maternal and infant care. Most of the problems met with during the baby's first year of life were dealt with in that publication.

"Up The Years—From One To Six" carries on where "The Canadian Mother and Child" left off.

One year has passed and the baby has grown from a tiny, helpless bundle of love into an active, jabbering member of the family. At five months he had doubled his birth weight, and by one year he had tripled it. With the eruption of more teeth his ability to handle coarser foods is progressively acquired. Ultimately, between two and two-and-one-half years, he has all twenty of his deciduous or baby teeth and has graduated from infancy to the toddler or preschool phase.

Striking changes are taking place in the size and shape of different parts of his body. With increased activity he gradually loses the chubbiness of babyhood and becomes more slender and streamlined, a dynamo of pent-up energy.

His head, which at birth was noticeably large as compared to the rest of his being, has not grown as fast as his body and extremities. Nevertheless by the fifth year his head will have developed practically to adult size. With the passing of years, however, the nervous system becomes more highly specialized, due to the ever growing behavior patterns and experiences in life.

From the creeper and climber of a year, he has taken his first steps into a new world. Gradually improving in his balance, he is, at two years, a runabout. At one year his abilities were limited: he could pull off his socks. By two years he can ride a tricycle. At three years he is a "question box." At four years he can button his own clothes and play organized games with other children. At five years he can carry on an easy conversation with grown-ups.

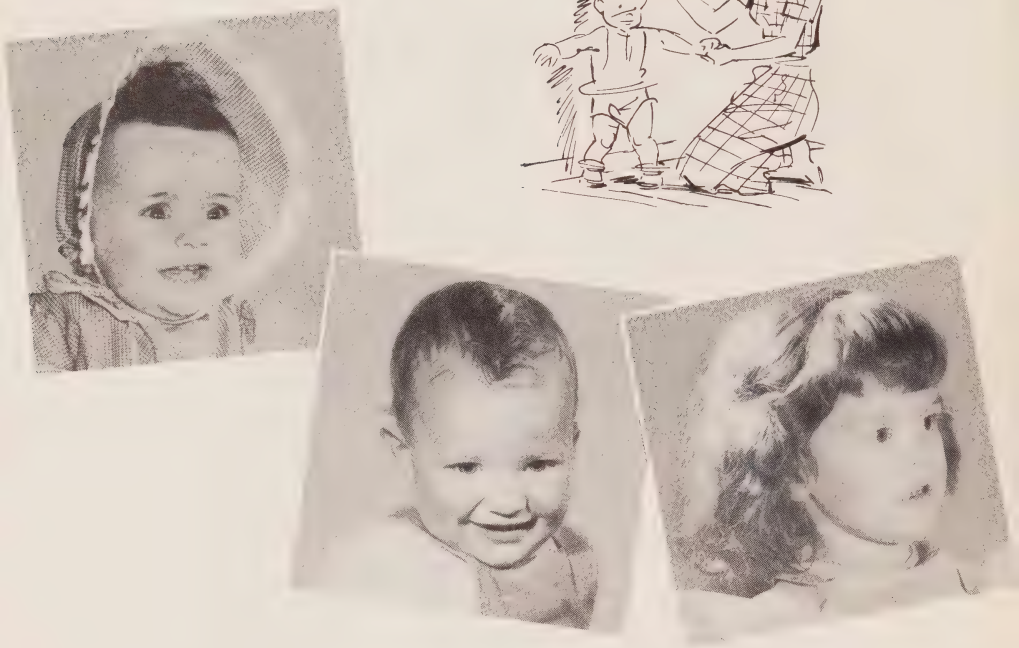
At six years he is ready to start school. Those precious formative years are left behind, but he has learned to do things for himself. He has been given guidance and encouragement in the formation of good habits. He has learned to cherish the security and love of his home and is ready to launch forth into a new life—the school age.

PART I

GROWTH AND DEVELOPMENT . . .

CHAPTER 1

Your Child's Progress



How your child progresses in growth and development will depend on a lot of factors such as racial background, family traits and climate. They determine not only how *fast* he grows but also *how* he develops. We know from observation how much children differ in body shapes and sizes. Some are tall and thin, others short and chubby. Some grow rapidly while others grow very slowly. Such differences are normal and to be expected in healthy children.

Obviously then, tables which give heights and weights for different ages do not tell the whole story. The child who is taller and heavier, and the child who is shorter and weighs less than the "average" as given in the table may be developing quite normally.

Rather than try to bring your child into line with a stated "standard," the aim should be to make sure that he is getting the proper food, rest, affection and freedom of action that are all necessary for his good health. Then his growth and development are sure to be right for *him.*

The first year of life is the period of most rapid growth for all types of children. The majority will triple their birth weight and

increase about eight inches in height by their first birthday. During the second year, the increase in weight and height is about half of that in the first year. After the third year, a regular rate of gain in weight of about four to four and a half pounds and an increase in height of about two inches a year up to puberty may be expected. Once again—some children grow faster and others slower.

MENTAL DEVELOPMENT

A child's first words are usually spoken between ten and twelve months of age. Single syllables or repetitions of the same syllable may be heard anytime after he is six months old but after a year he begins to utter single and double syllables which have definite

meanings in relation to objects or people and hence are the beginnings of intelligible speech. At about 18 months and after, your child begins to put two or more words together, then simple sentences.

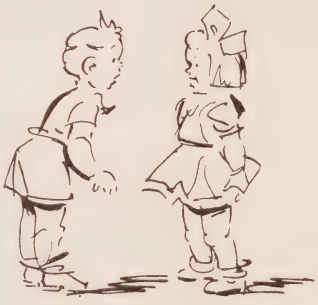
Usually between two and three years of age, he has enough words at his command to make himself understood concerning his surroundings, his needs, likes and dislikes. From this age on he speaks in sentences, begins to appreciate time, seasons, colors, and other qualities and differences in his environment. He begins to become more and more competent with his hands. From crude beginnings, through placing one block on another, and then building a "bridge" with three blocks, he finally develops a sense of form.

Development from three to six years of age proceeds with regularity in normal children with a known pattern for each age period.

The child at three is imitative, constructive, destructive, alert and noisy—never still for a moment, as most mothers correctly testify. Such activity should not be considered as a sign of "nervousness." It's natural.

There are many things which a three-year-old can do without help, such as feeding, washing his hands and some dressing and undressing, though it will be found that he is much better at undoing, untying and taking off than he is at doing, tying and putting on. His curiosity will urge him to keep trying things, and he should be encouraged as much as possible.

The four-year-old is more expert in what he can do with his hands. He can now draw simple figures of objects and people and animals, his sense of form and of rhythm are becoming more evident. He can button and unbutton, and he can untie, although he doesn't succeed very well at tying. He can tell



stories, recount events, repeat simple nursery rhymes. He begins to show a tendency towards highly imaginative play.

From five to six years, the child's development proceeds rapidly. He is more accurate in the use of his hands, he can draw with fair accuracy, and he mixes more easily in a group of children of his age. He should now be able to dress and undress completely, but may need help in tying knots. He likes imaginative play, is intensely curious and teachable. Your child is now ready for school.

CHAPTER 2

Daily Routine

Our system of family life provides the basis of security for the child and most parents make the most of all the opportunities that exist to promote their child's mental and physical well-being.

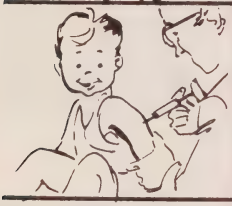
Many a helping hand and much encouragement are given to parents by expanding government and voluntary social agencies. Most municipalities provide free clinics where your child can be protected against many communicable diseases by immunization. Family allowances paid monthly for each child by the federal government afford real assistance to parents in guaranteeing their children proper care and security. The allowances may be used towards supplying an increased amount of nourishing food necessary for good nutrition, a periodical dental or medical examination, an item of warm clothing, or any other of a variety of approved ways.

SOME GENERAL RULES

The general rules to follow in order to make sure your child enjoys "health security" are these:

1 See that your child is brought up in a happy environment. Family quarrels and tensions can be most damaging to your child and the harmful effects carried over into his adult life. Many an unhappy person today can trace his troubles to an unhappy childhood.

2 Guide and encourage him in the correct health practices.



3 Protect him from contagious diseases by having him immunized by your own physician or at the nearest health clinic as soon as possible.

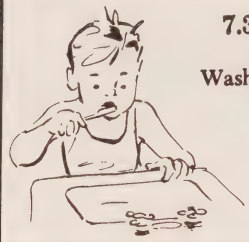
4 Provide him with the necessary foods to ensure good health and proper growth and development.

IT'S UP TO YOU

Your child doesn't inherit the habits of a well-regulated life. It's up to you to help him to develop them--and that takes the constant, intelligent and combined efforts of both parents if the job is to be well done. We all are familiar with the harmful effects of an unregulated life upon the health of adults. The effects are even more serious and damaging on the health of a child.

In order to organize a healthy daily routine for your child, there is no need to upset the general family life. If you adopt a very simple plan it will benefit not only your child but very likely the whole family circle!

HERE'S A SUGGESTED ROUTINE FOR YOUR CHILD



7.30 A.M.
Toilet.
Wash the hands.
Dress.

8.00 A.M.
Breakfast.
Brush the teeth.
Toilet, to relieve the bowels.
Wash hands and face.
Play in the open air and in the sun.

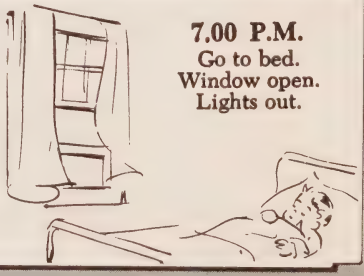
11.00 A.M.
Toilet.
Wash the hands.
Sleep until noon, for children between one and two years old.

12.00 NOON
Lunch.
Brush the teeth.
Toilet.
Wash hands and face.

1.00 P.M.
Sleep.

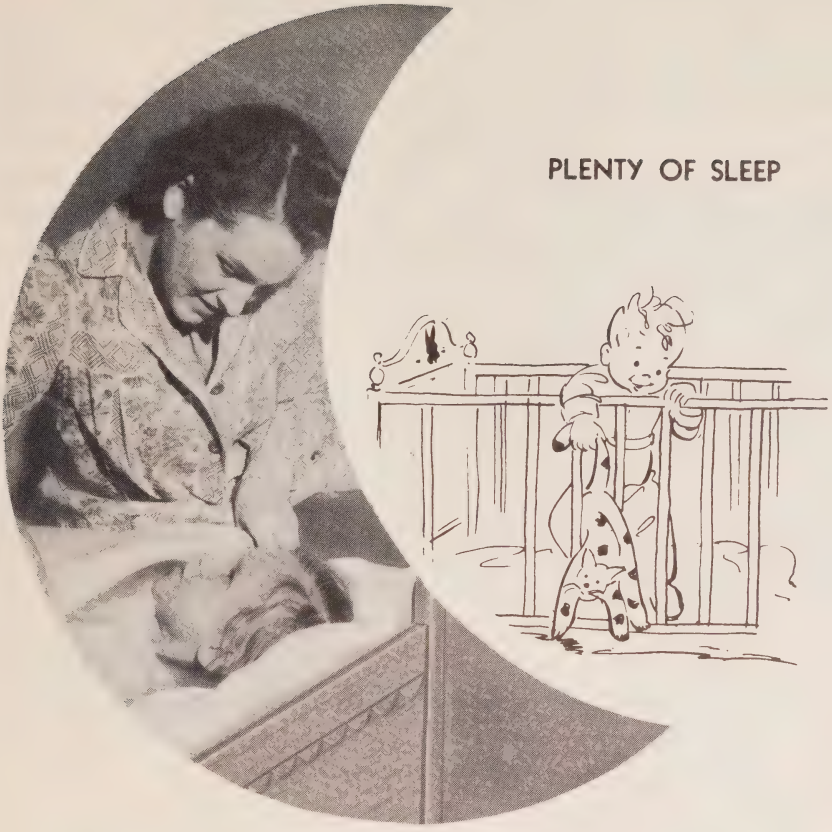
3.00 P.M.
Toilet.
Wash the hands.
Snack.
Brush the teeth.
Play in the open air.

5.45 P.M.
Toilet.
Wash the hands.
Dinner.
Brush the teeth.
Wash the hands and the face.
Play.
Reading of stories.



7.00 P.M.
Go to bed.
Window open.
Lights out.

PLENTY OF SLEEP

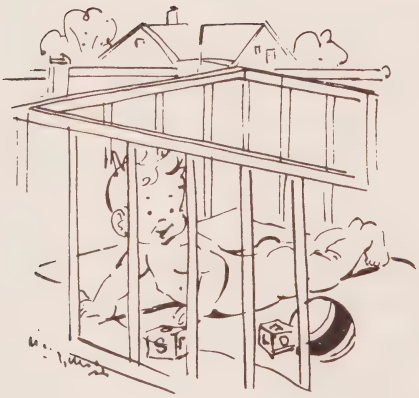


Sleep is nature's great restorer, and an adequate period of restful sleep is necessary for your child's physical and mental health. Since young children usually awake early in the morning they should be put to bed early in the evening if they are to get the proper amount of rest. The amount of daily sleep your child needs depends on his age: from one to two years, 14-15 hours; two to three, 13-14 hours; three to four, 12-13 hours and from four to six, 11-12 hours. The daily afternoon rest is often wisely maintained until the child is six years old.

Normally a child in this age group will sleep deeply and soundly. If there are periods of restlessness, wakefulness or disturbed sleep something is amiss and should be corrected. After he has gone to bed for the night, don't pick him up immediately

just because he cries or asks for something. Satisfy yourself that there is no physical cause for discomfort. Then leave him for a time. There is, however, little point in letting him work himself into a state of excitement if a little attention and affection will reassure him and permit him to settle down. It is best if he sleeps alone with the window open and all lights out.

Faulty training on the parents' part may result in such bedtime antics as refusing to go to bed without a light or without the parent lying down by his side. Some children who are excitable and overactive often suffer from sleep disturbances—their minds are still busy with thoughts of the day's activities. For such children, a midday rest period, cutting down on their physical and mental activities, often results in better sleep at night.



SUNBATHS

Your child needs the benefits of the sun's rays, but be careful to increase the periods of exposure gradually, in order to avoid severe sunburn. These sunbaths should last only two or three minutes at first. When the skin becomes tanned, the exposure each time may be gradually lengthened to about 15 minutes.

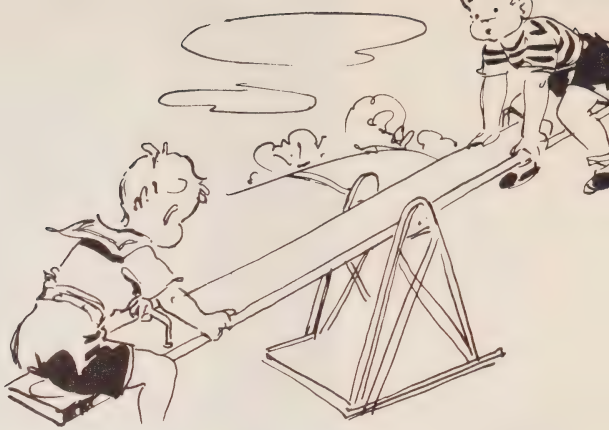
POSTURE

Good posture is the natural balancing and poise of the body in all positions: standing, sitting, lying and in action. It starts at birth and continues through all the stages of life. There is no time limit for correct posture—it follows the hands of time, 24 hours a day and pays big dividends in comfort, beauty and health.

When the child develops faulty posture, the way is paved for deformities. Drooped head, round shoulders and back, flat chest, protruding abdomen (pot belly), curvature of the spine, tilted pelvis, crooked legs, hammer toes, flat feet—all are more easily prevented than corrected.

Good posture helps the child in all his activities, mental and physical, especially when he is in motion. He can do things with less effort, and more comfortably. A good physique kept that way by correct posture will cut down childhood fears and depressions. He'll *feel* better. Notice how a child's emotions are often revealed by his posture; he slumps when he's feeling blue, erect and buoyant when he's happy.

Posture changes continually from infancy and follows a well-known pattern. First the infant supports his head, then moves his arms to grasp things, sits alone, creeps at about ten months and by a year is taking a few steps, finally walking at 15 to 18 months.

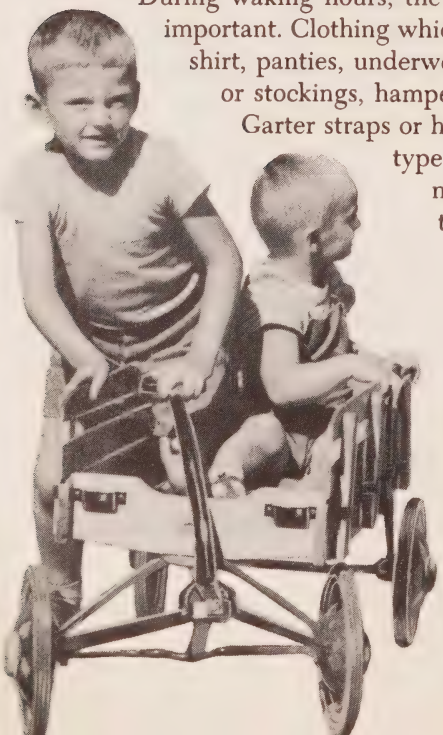


WHAT HE NEEDS

To help the child, observe the basic health rules. He needs sunshine, fresh air, pure water, proper food. And he should feel secure and happy. Exercise strengthens his body, but fatigue that comes from over-excitement and insufficient rest and sleep will lead to bad posture. Proper clothing and play toys help his progress. Tables and chairs should be made to "fit" the child.

He spends more hours lying flat in bed than in any other single position, hence correct sleeping posture is very important. A roomy crib with a firm spring and firm mattress is essential. Avoid a pillow until after his third birthday, and then give him a small flat one. Heavy bed covers are uncomfortable and should be avoided. He should sleep alone in a bed large enough to allow for perfect freedom. His night garments are best loose.

During waking hours, the proper choice of clothes for him is important. Clothing which is too small or tight, whether it be shirt, panties, underwear, playsuit, sweater, topcoat, shoes or stockings, hampers him.



Garter straps or hose supports should be "underwaist" type with built-up back rather than the narrow strap type which tends to pull the body either forward or backward. For the same reason the straps should fasten at the sides, instead of in front and behind.

When he's sitting, his body weight should be carried by both buttocks. When standing, the weight is carried evenly on both feet. This makes the importance of properly fitting shoes obvious.

EXERCISE AND REST

Young children need plenty of exercise in the open air. Muscular exercises such as creeping, crawling, sliding, climbing and walking should be free and unrestrained.

The playroom or backyard should afford ample space for running, jumping and climbing. Simple home-made apparatus will help develop the child's muscles and teach him balance and poise.

Pedal toys, such as a tricycle, exercise the leg and feet muscles. Exercises presented in game form are eagerly accepted by children. (A list of such games will be found in "Posture's Important" published by the Department of National Health and Welfare).

Children don't know when to rest and so their exercise and play have to be regulated. If your child is overactive he is liable to become cross, nervous and lose his appetite. Again, children who don't get enough play tend towards irritability and general bad humor. Cut down on the activities of the first type and promote more exercise for the child of the latter type. Exercise and play, however, before noon will be of little benefit to the child's health unless he has a complete rest after lunch.

PLAYTIME

"To play is to live."

Playgrounds—areas where children may be grouped according to age and under qualified supervision—are a valuable asset in any community. Children need to be entertained, to play, just as much

as they need food and sleep. And wise parents will learn how to entertain their children fully.

As your child grows up he must be given toys appropriate for his age. He will particularly benefit if he has the opportunity of playing with a few other children of his age in a safe, open place, under kindly, careful and intelligent supervision. This will help him develop habits of good comradeship and friendship with his playmates. Select his toys carefully, avoiding those that are pointed, sharp, or otherwise dangerous. Fragile toys should not be given him since splintered parts or rough, jagged edges of the broken pieces can lead to injury. Teach your child early to put his toys away in a handy shelf or cupboard when he is through playing with them.

Playing in the open air is always best. Two or three hours of outdoor play during the winter and six or seven hours in the summer are a good average to maintain. Should the weather be very cold, take care he is warm and comfortable and cut short his time outside. During very hot periods in summer, keep him in the shade, especially during midday.

Your young child will enjoy playing in the sand very much, even though he may swallow a little (it won't hurt him). A large sandbox, with pail and shovel, will give him lots of scope for entertainment. You'll be helping him, too, by teaching him even as early as one year of age, to catch a ball. In this way he learns to judge distance and direction.

BLADDER CONTROL

At the age of one, children normally urinate about every two hours. By eighteen months he will seldom wet himself if he is led to the toilet often enough. At the age of two the child generally will ask to be taken to the toilet during the day. By the age of three the child usually keeps his clothes and bed dry. You can help him attain the dry habit by taking him to the toilet before and after each meal, before and after his sleep, and before and after going out. In difficult cases avoid liquids in large quantities in his diet after four o'clock in the afternoon and don't permit him to exercise actively after supper. The problem of the bed-wetting child is discussed in Chapter 20.

BOWEL CONTROL

Your child's bowel movements will occur nearly always at the same hour each day. To aid him in gaining regular bowel habits, place him on a chamber or on a toidy shortly before the usual time of his movement. Make fifteen minutes the limit for his sitting. If the movement is slow, glycerin suppositories may be used. Repeat this practice every day at the same time, for a few days, in order to stimulate bowel movement. The next week, when he is placed on the toilet, his bowels will very likely move without the use of the suppository. If not, the procedure may be repeated.

CLEANLINESS

Children are not naturally clean in their habits. They have to learn through the example of their parents, and good habits of cleanliness in the parents are quickly noted and imitated.

Your child needs a daily bath in water whose temperature is between 95 and 102 degrees, Fahrenheit. During periods of excessive heat, a cool bath at 90 degrees, morning and night, is recommended. Supervise the bath carefully since there is a danger of accidents from falls, and burns from the tap water. Teach your child to view bathtime as one of the most pleasant periods of the day and encourage him to wash and dry himself, praising him when he does it well. He should learn very early that the towel he uses is his own and that it must not be used by anyone else.

During the summer, should his skin be irritated by the heat, use talcum powder. Give special care to the child's sex organs. The little boy's foreskin should be drawn back for thorough cleaning while the folds in the baby girl's external parts should be carefully washed to prevent irritation which is often frequent in those areas.

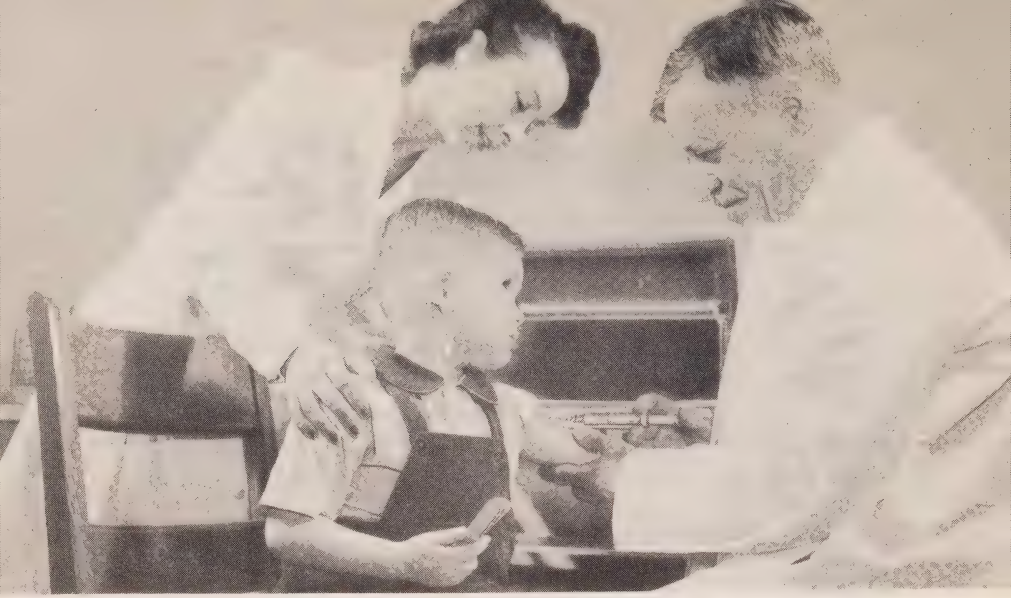
When your child reaches the age of two he should be taught to wash and dry his hands alone. However, watch him constantly so that he doesn't burn himself with hot water. Help him along until he can do it on his own.

Teach him to keep his nails clean by using a nailbrush. It will make the job easier if you keep his nails cut short.

The eyes, ears and nose don't call for special care and he should not attempt to clean the inside of his ears or nose. You'll have some trouble teaching him to use a toothbrush at first. Brush gently at least for the first few times without using any toothpaste since its taste may surprise him unpleasantly and lead him to resist further attempts at brushing.

Wash his hair once a week, taking care to dry his head completely, especially during winter. If greasy crusts form on his scalp, apply mineral oil before bedtime, leaving it on overnight and then washing it off in the morning with soapy lukewarm water. Repeat the same procedure every day until his scalp is completely clean.

He should learn to keep his clothes clean and in good condition. However, don't be strict to the point of preventing him from frisking about simply because he may dirty or tear his clothes. If necessary, change all his clothing after playtime. This habit will teach him the importance attached to cleanliness and the care of clothing.



VISITS TO THE DOCTOR

Taking your child regularly to your doctor or health clinic is very important to ensure his getting what he needs for healthy, physical and mental development, and also to remove many threats to his health. Periodic examinations mean, in short, the improvement of health and the prevention of disease.

At each visit your child will be examined carefully and you will be advised about his food needs so that he won't be exposed to scurvy, rickets, anaemia, goitre, etc. If there is anything wrong with the child in the way of deformities, infections or deficiencies, early detection by the physician naturally makes treatment easier and the chances are much greater for a fast and complete cure.

You will also be advised regarding the communicable diseases such as diphtheria, smallpox, scarlet fever and whooping cough. Immunizing your child against the contagious diseases should be carried out at certain age periods. (See Chapter 38).

Also in the course of his examination, the doctor can recognize and advise you on any unusual habits or traits, physical and mental, in your child and take steps immediately to correct them.

Above all, the careful study and examination of your child at these regular visits supplies the physician with useful information which is carefully kept on record. If, in spite of all preventive measures, your child becomes ill, the doctor who already knows the physical and mental background of his little patient will be better able to treat him right from the start.

CHAPTER 3

Diet and Nutrition

WHEN you realize that your child's growing body is built up from the food he eats, you will appreciate how important it is to provide all the essential materials in his meals. Besides, the food habits you teach him in his childhood usually last for the rest of his life. [The subject of nutrition, especially the dangers of poor nutrition, is also dealt with in Chapter 33—Deficiency Diseases].

Well-fed babies are eating a considerable variety of foods by the time they reach one year of age. From then on new foods are added at intervals, and the amounts are increased gradually. You should remember though that youngsters grow more slowly between the ages of two and four years and, therefore, their appetites are usually not as great. Consequently their helpings should be rather small (see lists at the end of this chapter). Forcing, bribing or scolding them to eat should be avoided, as this often results in feeding problems. If your child does not eat his first course within 20 to 30 minutes, terminate the meal then without comment. Above all you do not want him to learn that his refusal to eat upsets you. His appetite will vary somewhat from day to day, just as your own does. If he is not hungry, do not urge him to eat and do not give him extra food before his next meal. If all is well, his appetite will soon return. If by chance he is coming down with a cold or other infection he would be

harmed rather than helped by being forced to eat more than he wants. The foods that the young child eats can form the basis of the family meals, although extra seasonings and trimmings may be added for the older members.

FEEDING HIMSELF

Children are more interested in their meals when they are able to take an active part in the eating process. Most babies a year old can already drink from a cup. If yours cannot, you should teach him this accomplishment as soon as possible. A small light cup or glass—preferably unbreakable and bright colored—with a wide steady base is the best type to use. Put only small amounts of liquid in it at first and help him a little until he learns how to handle it himself.

Most youngsters, between 12 and 14 months of age, are ready to learn to use a spoon. A short straight-handled spoon with a shallow bowl is the most satisfactory. At first he will no doubt spill a considerable portion of his food, but that should not worry you—a bib, oil-

cloth on the floor and an apron on yourself will minimize the damage done. A thick food, such as porridge, is a good one to start on. Your child should understand that spoons are not for banging or splashing, but do not expect real neatness for a long time. At first he will find feeding himself a rather tiring job and you will likely need to help him with another spoon when he shows signs of fatigue. His plate should have high sides and should be fairly heavy so that it will not slip around. Later on, when he is two years old or so, he can be taught to use a fork. A short-handled one with wide tines—such as a salad fork—is a good type for him. By four or five, many youngsters learn to spread bread with a blunt knife. Later on, at six or seven years, he can begin to learn to cut up his own food.

It is a good plan to have preschool youngsters eat by themselves at their own little table, seated on their own low chairs (which you can make out of boxes if necessary). Little children are likely to be the centre of too much attention at the family table. On special occasions, such as birthdays or holidays, they might be allowed to join the family, provided they have learned how to behave at least reasonably well.

INTRODUCING NEW FOODS

It is best to give your baby only one new food in any one day. Make his first helping of it small and give it along with some food he likes well. Give him slightly larger amounts of it in the next few days. If no commotion is made about it, you will prob-

ably not run into any trouble. Occasionally youngsters definitely dislike a new food. In this case you should stop giving it for some months and substitute a similar food. Then give him the disliked food again, preferably cooked a little differently. The chances are that he will accept it.

CONSISTENCY OF FOODS

Up to the age of 18 months or even until 24 months, his fruits and vegetables should be sieved or mashed. Small children particularly dislike stringy, lumpy or sticky foods. Also jelly or similar gelatin desserts should not be made tough and stiff.

The best way to make scraped beef is to scrape a lean piece of round steak against the grain with a dull knife or a sharp spoon. It is then moulded into a patty and either browned in the top of a double boiler or on a broiler. It should be well broken up before it is given to the child. Many babies find this food rather surprising at first and it takes them some time to get used to it. All baby's meat should be cut up fine, because he does not have his full set of teeth until he is over two years old. If you are using canned baby meats, you should change over from the smooth pureed type to the chopped type when your youngster is 15 to 18 months old.

TEMPERATURE AND APPEARANCE

Small children do not like food that is either cold or hot. They prefer it to be lukewarm. Mixtures of food are usually not as popular as single foods. Colored foods are generally favorites, as are also those cooked in individual dishes, such as cup custards. Older preschool youngsters appreciate an occasional surprise such as finding a few raisins in their porridge or a little fruit in the bottom of the pudding.

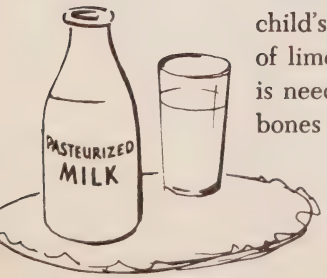
PLAN ADEQUATE MEALS

Plan the daily diet carefully so that it contains the necessary food values. A variety of foods assures good nutrition. This variety must be chosen from the five food groups: milk, fruits, vegetables, cereals and meats. To this should be added fish liver oil. Other foods such as pies, cakes, pickles, are not recommended for children.

Children enjoy their meals and will eat them more readily if they are made tasty and attractive. A few minutes anticipation often spurs a poor appetite and having the child at the table a short time before the food is served is advisable. Twenty to thirty minutes at a meal is a good average time to be spent in eating.

Faulty food habits should be discouraged, such as eating ordinary foods between meals, and especially things like ice cream, lollypops, candies or popcorn.

MILK



Milk is always given a prominent place in a child's diet because it provides generous amounts of lime (calcium), riboflavin and proteins. The lime is needed for the proper hardening of the growing bones and teeth. Riboflavin helps to keep many

of the body functions running smoothly and the proteins are necessary for the growth and development of muscles and other organs. Riboflavin, which is one of the B vitamins, is rapidly destroyed by sunlight. Consequently, milk should never be left standing in the sunlight and it is best to have an insulated milk box into which your milkman can put the milk. Of course, it should also be kept as cold as possible. Milk is rather a bulky food, and as preschool youngsters' appetites and stomachs are relatively small, it is not advisable to give them more than a pint or a pint and a half of milk each day. Some should be cooked in puddings or soups.

Small children who drink a quart of milk are usually unable to eat all the other food they should. It is advisable to reserve the milk until towards the end of the meal so that everything else will be eaten. Pasteurized, unsweetened evaporated or dried whole milk are equally nutritious. Condensed or sweetened evaporated milk should not be used as it contains too much sugar. Never give your child raw milk, as it frequently contains dangerous disease-producing germs. Milk can be made safe by boiling. Many children cannot tolerate the larger amount of fat that some brands of milk contain. Homogenized milk is quite satisfactory as its fat content is that of ordinary whole milk. In it the globules of fat have been reduced in size by being forced through fine openings.

FRUITS AND VEGETABLES

These can be divided into two groups. Those that can be counted on as sources of vitamin C and those that cannot. The high C foods that are suitable for preschool children are oranges, grapefruit, tomatoes and tomato juice, and tender raw cabbage. Potatoes and turnips are good sources when properly cooked. There are four others that may be given to the older children in the group, namely strawberries, raspberries, cooked cherries and blueberries.

You may try out these fruits in the stewed form when your youngsters are about four years old. Give them very little the first time. If it causes no trouble, you can increase the size of the serving and a year later give these berries in the raw state, provided they are well washed before they are served. Tomato juice contains less than half as much vitamin C as orange juice so the latter is recommended. Vitamin C is very useful as it helps to preserve the health of the gums, blood vessels and bones.

Fruits and vegetables provide some iron which helps to keep the blood rich and red, and some cellulose which aids regular bowel movement. Incidentally a well-trained, well-fed youngster should rarely need to be given laxatives. The yellow and green vegetables contain good quantities of vitamin A which is needed to keep the lining layers of the body and the skin in good condition. You may give your youngsters a small serving of peeled

ripe raw peach when he is about three. If all goes well, the amount can gradually be increased.

Factory canned vegetables are as nutritious as home cooked ones. All vegetables should be cooked only until tender, in the minimum of rapidly boiling water. Boil them in their skins, if possible. Vegetable soups made with water are unsuitable for youngsters, as they contain too much water and too little food.

WHOLE GRAIN TYPE IS BEST

All the cereals or porridges that are on the lists, with the exception of farina, are of the whole grain type which are much richer in the B vitamins and iron than the white purified ones. For the older youngsters, some of the better precooked cereals which include shredded wheat, muffets, and the bran flakes, may be given as an occasional treat. These are, however, much dearer and considerably inferior in food value to rolled oats. Preschool children like whole wheat bread and you should give it to them because it belongs to the superior whole grain class.

Liver and eggs are particularly nutritious because of their vitamins, minerals and proteins. Fatty foods such as gravy, roast pork, goose, duck, salmon, sardines, tuna and herring are too rich for the average preschool child.

It is best to use iodized salt for seasoning food because in many areas of the country there is not enough iodine in the food to keep the thyroid gland healthy.

Sugar, honey, syrups, jam and marmalade are merely sources of calories. They contain practically no vitamins, minerals, proteins or fats. They take the edge off the child's appetite if they are eaten before or early in a meal. You would be wise to use a minimum of sweets. Also to be avoided are highly fat or fried foods, pickles, rich pastries, cake, doughnuts, nuts, tea, coffee and soft drinks.

DIET LISTS FOR VARIOUS AGES

If your doctor has not given you a diet list, the following ones will be helpful. They have been carefully worked out so that they provide all the essentials, and they contain only easily digested foods. The amounts recommended are merely approximate. Your child may eat less or more—if he is very hungry you can increase the amounts of all the foods slightly. If his appetite is small you should cut down the amount of all his foods.

FROM 12 TO 15 MONTHS OF AGE

7 a.m. to 8 a.m.

(1) 2 to 4 rounded tablespoons of precooked infant cereal or cooked cereal—choice of rolled oats, rolled wheat, wheat germ cereal. Serve with 2 to 3 ounces of boiled milk, but no sugar.

Mixed whole grain or whole grain should be used when the child is constipated, farina when the movements are loose.

(2) 6 to 8 ounces of boiled milk.

(3) 1 piece of toast, or 1 to 2 wholewheat biscuits, no butter.

9 a.m.

3 ounces of orange juice (half may be given at 4 p.m.).

12 noon to 1 p.m.

(1) 1 soft-boiled egg or ½ to 1 rounded tablespoons of scraped beef, or finely chopped calf, beef or lamb liver, or minced chicken.

(2) 3 to 4 tablespoons of sieved vegetables—choice of carrots, green peas, asparagus, string beans, young beet greens, beets, chard, squash, celery, cauliflower, kale or spinach.

(3) 2 to 3 rounded tablespoons of junket, or custard or rice, sago, tapioca or cornstarch pudding with added milk.

(4) 1 piece of toast or 1 to 2 wholewheat biscuits. No milk to drink with this meal as milk is contained in the desserts.

5 p.m. to 6 p.m.

Same as at 7 to 8 a.m. with the addition of 1 to 3 rounded tablespoons of the following fruits, all but the last two of which should be sieved—apple sauce, baked apple, stewed prunes or apricots, or peaches or pears, or peeled scraped ripe raw apple or well ripened mashed banana (when ripe, bananas have dark brown flecks on their skins).

10 p.m. to 11 p.m.

8 ounces of boiled milk if hungry, that is, if he wakens or cries for food.

He should also have 1 teaspoon of biologically standardized cod liver oil, two or three times daily, or 5 to 10 drops of fish liver oil of high vitamin D concentration once daily, all year round. In units that are stated on the labels the amount needed is 800 International Units daily.

FROM
15 TO 18 MONTHS OF AGE

7 a.m. to 8 a.m.

(1) 2 to 4 rounded tablespoons of precooked infant cereal or of the cereals listed in the 12-15 months diet list.

(2) A small piece of crisp, lean back bacon may be given 2 or 3 times a week.

(3) 1 glass pasteurized milk (also boiled in summer).

(4) 1 piece of toast with very little butter or 2 wholewheat biscuits.

9 a.m. to 10 a.m.

3 ounces of orange juice (half may be given at 4 p.m.).

12 noon to 1 p.m.

(1) 1 soft boiled or poached egg or 1 to 1½ rounded tablespoons of scraped beef or minced lamb chop (lean only) or minced chicken or finely chopped calf's, beef or lamb liver.

(2) 1 tablespoon of boiled or baked potato (sieved).

(3) 2 to 4 tablespoons of sieved vegetables (for list see 12-15 months diet list).

(4) 2 to 3 rounded tablespoons of puddings or fruits listed in 12-15 months diet.

5.30 p.m. to 6 p.m.

(1) 2 to 4 rounded tablespoons of precooked infant cereal or cooked cereal, as at breakfast.

(2) 1 glass pasteurized milk (boiled in the summer).

(3) 1 piece of toast with very little butter or 1 to 2 wholewheat biscuits.

(4) 1 to 3 tablespoons of fruit or milk dessert. If fruit was given at noon, give milk pudding at supper. If he had his pudding at noon, he should have fruit at supper time. Cod liver oil or other source of vitamin D should be given, see directions at end of 12-15 months list. The child may have the amount of sugar commonly used in cooking but sugar should not be sprinkled on his cereals or fresh fruits. He should not have candy, cake pie, jam, jelly, honey, syrup, ice cream or any raw fruit except orange juice, scraped raw apple or banana Stick to the diet given above.

FROM
18 TO 24 MONTHS OF AGE

7 a.m. to 8 a.m.

(1) 3 to 4 rounded tablespoons of precooked infant cereal or one of the cereals listed in 12-15 months diet list.

(2) Soft boiled egg (alternate with a piece of crisp back bacon).

(3) 1 glass of pasteurized milk (boiled in summer).

(4) 1 slice stale bread or toast or 2 wholewheat biscuits with butter.

9 a.m. to 10 a.m.

3 ounces of orange juice—half may be given at 4 p.m.

12 noon to 1 p.m.

(1) 1½ to 3 rounded tablespoons of the meats listed in 15-18 months diet, or a soft boiled, poached or scrambled egg.

(2) 1 rounded tablespoon of mashed, boiled or baked potato.

(3) 3 to 4 rounded tablespoons of one or two of the vegetables (sieved) listed in 12-15 months diet list.

(4) 2 to 4 rounded tablespoons of puddings or fruits listed in 12-15 months diet or jelly powder, jelly with custard or gelatine puddings made with milk. Milk may be added to the puddings.

(5) Half a slice of bread with butter or 2 wholewheat biscuits if still hungry.

5.30 p.m. to 6 p.m.

(1) 3 to 4 rounded tablespoons of cereal as for breakfast.

(2) 1 to 3 rounded tablespoons of fruit or puddings (see desserts in 12-15 months diet list).

(3) 1 to 3 teaspoons of cottage cheese on toast may be given occasionally.

(4) 1 glass of milk.

(5) 1 piece of toast or 2 wholewheat biscuits with very little butter. Cod liver oil or other source of vitamin D should be given, see directions at end of 12-15 months list. The last paragraph in the 15-18 months list applies to children of this age also.

FROM
2 TO 6 YEARS OF AGE

7 a.m. to 8 a.m.

(1) Breakfast as in 18-24 months list except that the egg may be soft boiled, poached or scrambled and the bacon may be increased to 2 slices.

12 noon to 1 p.m.

(1) 1½ to 3 rounded tablespoons of steak or roast beef or lamb, or lamb chop, or calf, beef or lamb liver or boiled, broiled or baked cod, haddock, halibut or non-oily fish or soft-boiled, poached or scrambled egg.

(2) 1 to 2 rounded tablespoons of boiled or baked potatoes.

(3) 3 to 4 rounded tablespoons of one or two of the following vegetables (mashed) with 1 teaspoon of butter—those listed in 12-15 months diet and in addition vegetable marrow, yellow turnip, stewed or canned tomatoes, onions, green lima beans or young cabbage.

(4) 2 rounded tablespoons of salad should be given 3 or 4 times a week. To make a salad use several of the following—lettuce (preferably leaf), tender celery (preferably green), raw young carrots or cabbage, tomato, apple or banana. A salad dressing made of lemon, egg and milk may be used. When you give your child salad, reduce the amount of his cooked vegetables correspondingly.

(5) 2 to 6 rounded tablespoons of the puddings listed previously or bread pudding or the fruits listed above.

(6) 3 to 4 ounces of fresh or canned orange juice or canned grapefruit juice. Sweeten only if necessary.

3 p.m.

If your child is hungry you can give him an apple, banana, orange or wholewheat biscuit.

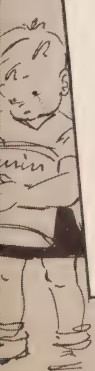
5.30 p.m. to 6 p.m.

(1) A bowl of vegetable soup made with milk, or an egg or 3 to 4 rounded tablespoons of the cereals listed in 12 to 15 months diet, or milk toast or cottage cheese on toast.

(2) 1 glass of milk.

(3) 2 to 6 rounded tablespoons of the fruits listed above or cut-up oranges and bananas, or sweetened grapefruit sections or the milk puddings listed above. Cut-up oranges and bananas are especially valuable and should be given once or twice a week. If fruit has been given at noon, serve a pudding at supper or vice versa.

(4) 1 piece buttered bread or 2 to 3 wholewheat biscuits. Also he should be given every day a source of vitamin D such as 1 teaspoon of cod liver oil or 5 drops of fish liver oil of high vitamin D concentration. The minimum requirement is 400 International Units of Vitamin D. One to two eggs should be given daily. No food should be given between meals unless the child is hungry and then only if it does not spoil his appetite for his next meal. Do not put sugar on his cereal or raw fruit. The following foods should **not** be given to children under six years of age—greasy or highly seasoned or very salty foods; fried foods except eggs, steak, lamb chop or bacon and these should be cooked in the minimum of fat; fresh bread or bread stuffs; pies, cakes and fancy cookies; ice cream, except as a rare treat; roast pork; corn; cucumbers; tea, coffee and soft drinks of the cola type. Nuts are hard to digest and there is danger of their getting into the lung, where they may produce a very serious disease. Candy should be given rarely and only as a treat at the end of a meal.



CANADA'S FOOD RULES

These foods are good to eat.
Eat them every day for health.
Have at least three meals each day.

1 MILK—Children (up to about 12 years) at least 1 pint. Adolescents: at least 1½ pints. Adults: at least ½ pint.

2. FRUIT—One serving of citrus fruit or tomatoes or their juices; and one serving of other fruit.

3. VEGETABLES—At least one serving of potatoes; and at least two servings of other vegetables, preferably leafy, green or yellow and frequently raw.

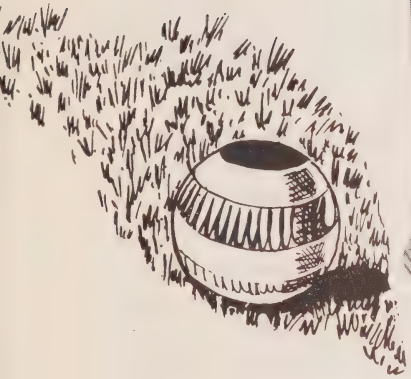
4. CEREALS AND BREAD—One serving of whole grain cereal and at least four slices of bread (with butter or fortified margarine).

5. MEAT AND FISH—One serving of meat, fish, poultry, or meat alternates, such as dried beans, eggs and cheese. Use LIVER frequently. In addition: EGGS and CHEESE at least three times a week each.

VITAMIN D—at least 400 International Units daily for all growing persons and expectant and nursing mothers. IODIZED SALT—is recommended.

CHAPTER 4

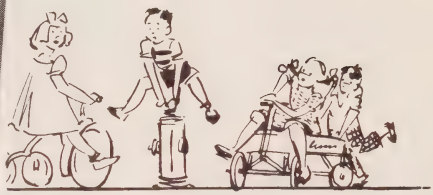
Clothing and Dress



WHEN you are choosing or making your child's clothes you should try to have them meet the five following requirements:

1. They should fit easily so that he can move about freely.
2. They should be of suitable weight so that he is neither too hot nor too cold.
3. They should be washable, good wearing and soft.
4. They should be simple, so that he can learn to undress and dress.
5. They should be comfortable and a source of pleasure to him.

FREEDOM OF MOVEMENT



A young child is learning to make all kinds of movements and his clothes should not hinder him in any way. Consequently you should see that there are no tight bands around his arms, his knees, his waist or between his legs. The last is particularly important as friction on the genital organs should be carefully avoided. Tight elastic waist bands and round garters should never be used because they compress the abdomen and the veins in the legs. You should buy his clothes large enough to allow for shrinkage (if they are unshrunk) but on the other hand they should not be so big that they are bulky or unsightly. If possible, choose clothes with good hems which can be let down to keep pace with his growth.

WEIGHT OF CLOTHING

Your child should wear only enough clothes to keep him comfortable. The amount necessary will vary with the child as well as with the temperature. An active child will need less clothing than a younger child who sits or stands a good fraction of the time. A frail child will need warmer

clothes than a robust one. Many mothers make the mistake of overclothing their youngsters. If your child becomes flushed and has beads of perspiration on his head, he is far too hot. Even before this stage is reached, you can check on his comfort by slipping your hand down along the skin of his back, under his clothes. If he feels moist he is too warm and some of his clothes should come off. When children are too hot, they are often whiney and irritable. If they are too cold on the other hand they look pale and blue.

WASHABILITY AND DURABILITY

You should expect your youngsters to get dirty and, therefore, you should use easily washable materials preferably not too light in color. They should be able to stand plenty of hard wear as well, but they should be soft so that his skin will not be chafed. Clothes that need little or no ironing will save a lot of time and work. Those that are knitted or made out of crepe, seersucker, corduroy or jersey fall into this class.

SIMPLICITY

You want your child to learn to dress and undress himself as soon as he is able, mostly because it aids in his development. The time at which he learns depends on the child himself, the patient training you give him and the type of clothes you provide. If his clothes are simple with wide openings and large buttons and buttonholes in the front, he will learn how to manage them more easily. If possible many of his clothes should be similar so that he becomes familiar with the way they go on. Do not expect him to cope with buttons until he is at least two and a half years old. He can, of course, put his arms and legs in or

out of garments earlier than this. Small buttons or those with crocheted loops are far too difficult for little fingers. A mark sewn on the front of his shirt will help him to put it on the right way. Pants that have a piece of elastic at the back are the easiest to pull down and up and if he has that kind he may be able to look after himself at the toilet when he reaches three years or so.

Children want to be like their companions and your youngster's clothes should be similar to those worn by his playmates. Try to choose colors that please your little girls and boys. By the age of five or six years it is wise to let children have some part in the selection of their clothes.

SUMMER CLOTHES

On hot summer days, sunsuits are ideal for your youngster because they are so cool and because they allow a good part of the body to become tanned. In the middle of the day, when the weather is very hot, he should wear a thin cotton hat. During the rest of the warm weather he may go bareheaded. If your child has a clean beach or rocks to play on he should be allowed to run about in his bare feet. Otherwise he should wear light shoes or sandals.

On cool summer days, a sleeveless cotton shirt and pants with a cotton suit or dress over it is usually suitable. A sweater can be put on top if necessary.

WINTER CLOTHES

If your house is warm (68°F.) in the winter time, your child will probably be comfortable indoors if he wears the same kind of clothes as he would wear out of doors on a cool summer day. If your house is hard to heat, or if the floors are drafty, he may need to wear wool underwear or a woollen suit. If your child has not yet learned to keep dry, you should remember that wet diapers are chilly things, although, of course, you will change him as soon as you discover him in this state.

When he goes outdoors in the winter you would be wise to dress him in a snowsuit (preferably zippered down the front), a helmet, goloshes and mitts tied to a tape that runs through the sleeves. Do not bundle up his neck. When he comes in, be sure to feel him over for wet spots and change his clothes at once, if necessary. Lightweight waterproof suits are also serviceable as they make it possible for him to be outdoors on damp days.

NIGHTCLOTHES

Sleepers with feet, made of woven cotton or flannelette are best for night wear. They should open down the front and have drop seats. Buy them large enough to allow for shrinkage and your child's growth.

While he is being trained to keep dry, it is best to use the two piece variety. Diapers should be discarded and the child put in pants a short time before he is completely trained. Pants mean growing up to a youngster and provide quite an incentive towards keeping dry. Besides they are easier to pull up and down and the child can run about more freely. Rubber pants should not be used for younger children except on very special occasions, as they are liable to cause irritation. This is due to the fact that the buttocks become very moist and hot when they are worn.

SHOES AND STOCKINGS

The foot is a very complicated organ. It contains no less than 26 bones, not to mention numerous muscles and tendons. It is important to buy suitable shoes for young children because their feet may be injured if you do not do so.

As soon as your child begins to walk he should have shoes with firm but flexible soles. The soles should not be slippery and should be broad enough to provide steady platforms under his feet. Moccasins or rubber soled shoes are only suitable for use on grass and sand. They do not give the feet the support they should have when walking on hard pavements or floors. The shoes should be long, wide and deep enough so that the toes and instep are neither crowded nor pinched. His shoe should be at least half an inch longer and a quarter of an inch wider than his foot.

When you take off his shoes examine his feet for pressure spots. These are pink or red areas where the shoes have rubbed the feet and they mean that the shoes are unsuitable. The heel should also fit so that there is no rubbing. Occasionally it is hard to get a shoe with a narrow enough heel. You may be able to solve this difficulty by sticking chamois inside the heels. Strap slippers are occasionally an answer to this problem. The inner edge of the sole should be almost straight. The soles should be somewhat thicker at the heel and under the arch. When your youngster's toes come within a quarter inch of the front of his shoes it is time he got a larger pair.

Most youngsters outgrow their shoes before they wear them out. Do not pass them on to your other children unless you are sure they fit correctly. If possible the shoes should be fitted on the child before they are bought. If this is not possible, you should outline the child's foot on a piece of paper on which he is standing and send this to a good shoe dealer. Patent leather shoes are not porous and cause the feet to perspire excessively. Do not polish a young child's shoes as he is likely to lick them.

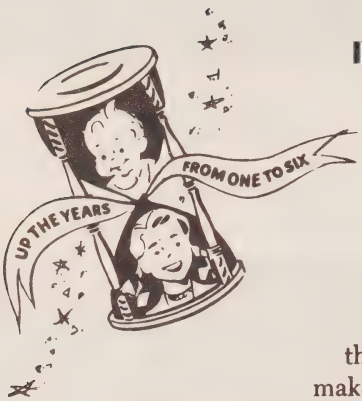
Stockings or socks that are too short can cause trouble and many mothers forget about this possibility. Buy socks about one inch longer than your youngster's feet. By the time they are washed they will have shrunk a quarter to half an inch. The use of stocking stretchers will help to reduce shrinking.

PART II

BEHAVIOR

PART II

INTRODUCTION



HELPING children grow up is just about the most important job parents ever undertake.

What the child becomes as a grown-up—the way he walks, talks and laughs, the people he enjoys, the situations which make him uncomfortable, how he feels about tackling new things or going new places—in short, the kind of adult he becomes is largely determined in these first years of his life.

All parents want their children to do well. But, how to go about the job?

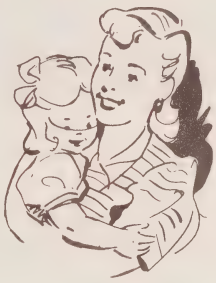
The job of being a parent doesn't need to be undertaken either in a spirit of grim determination or uneasy timidity. There aren't a lot of hard-and-fast rules that have to be followed rigidly. The experts of today reassure parents that a common-sense approach to child care is best. They say that a family relationship which provides emotional security for the child is most important. He will grow best in a home where there is

mutual love and respect between the parents and plenty of affection, encouragement and understanding for the children.

Raising children can be just about the most enjoyable thing that parents ever do. Their enjoyment is healthy when it is a sharing of the child's triumph in his own achievements. When parents allow their child to grow independent and self-reliant, their enjoyment in his gains is a natural satisfaction. On the other hand, no parent should enjoy his child as a proud trainer taking a bow for his trained-seal act at the circus. Children should never be forced to shine for their parents' glory.

NOT A STRUGGLE

Too many parents suppress their natural enjoyment in their child because, somehow, they have picked up the notion that, as soon as the child is born, parents and child engage in a struggle for dominant position. The child, they are led to believe, is a born intriguer bent on exploiting his parents' good nature at every turn. They feel they must start off "right" in the beginning and "let him cry it out" or they won't be able to keep the upper hand. Such an attitude can only hurt the child and spoil the fun of being a parent. The child who is romped with and hugged, who is physically well cared for and who is encouraged to learn for himself under his parents' open approval, will flourish physically and emotionally. The parent who enjoys being a parent will likely be a good parent.



To raise a family successfully parents do need to know what children are like, what they can and what they can't do at each stage of their development. It helps to know that their children learn as naturally as they breathe by imitating and trying over and over again; that they learn with their whole bodies, with their mouths, their eyes and ears, their feet and their hands.

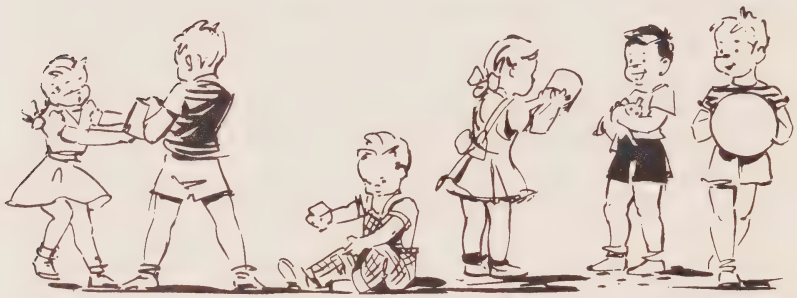
Parents need to use a lot of imagination and understanding in order to try to see the world—and themselves—from the child's point of view.

HIS ACTIONS HAVE MEANING

It is especially important for parents to know that all a child's actions, the "good," the "bad" and the "odd" mean something.

Through his behavior, without knowing that he is doing it, a child is trying to do something about the things that are happening to him, about the way the adults in authority over him are treating him.

The important business of being a parent makes tremendous demands upon the mother. Much of the writing on child care gives the impression that a mother has nothing to do all day but devote herself to her child's many needs. There is not much said about the laundry and the dishes, the cooking and the mending, let alone any mention of the natural feminine desire to sit down to the dinner table looking slightly more presentable than a Hallowe'en witch. However, once a mother understands how her child develops best, she will find the time to give to him. The compromises made now with good housekeeping will pay dividends as the child grows up. The mother can still manage to do



a fair job of housekeeping and a good job of raising her child if she is sensible in accepting moderate standards of tidiness and cleanliness, and, if she plans her work around the child's schedule rather than insisting on doing things at the usual, conventional time. Being aware of the kind of attentions the child really needs, she will find that there is no need to stand over the child to the exclusion of everything else.

During the years from around one to six, the child learns more than in any other five-year period during his life. In this section of the book, the purpose is to describe how the young child develops, what he is like, how he acts and reacts and what kind of family life will give him his best chance to become a healthy, happy, friendly individual.

CHAPTER 5

What "One" is Like

At one year, your baby is becoming a child. At one, he's a creeper and a climber, seldom quiet a minute while he's awake, always busy trying to find out everything about everything in his world.

He is a great learner. Walking, talking, eating, bowel and bladder control are some of the things he will learn about in the coming year. At one, he is also learning how much he needs and loves his parents as his own daring and independence grow.

How your child learns the things you want him to learn depends upon the readiness of his body, his brain and his nervous system. Failure, frustration and even damage to his developing personality may result if he is pushed too hard, pressed to learn things before he is physically or mentally ready.

Earlier he was content to let you be the boss. Now he is beginning to have his own ideas about what he wants to do, where he wants to go, what he wants to eat, how he feels about strangers and many other things. This is a good sign. Your baby is growing up!

SPOILING THE CHILD

You won't spoil your baby by loving him. You won't spoil him by feeding him when he's hungry, comforting him when he's hurt, keeping him company when he's lonesome. You won't spoil him by cuddling him, by being friendly, by satisfying any of his needs.

But babies can be spoiled. Spoiling often comes from too much of the wrong kind of attention at the wrong times. A one-year-old needs lots of services and lots of love, but he also needs time to himself to explore and play.

A fussy, worrisome mother or relative who just can't leave the child alone, who is always interrupting his contented play to pick him up, bounce him around, hand him new toys, prevents the child from learning to amuse himself. A mother who is so wrapped up in her baby that she follows him constantly on his explorings for fear he'll hurt himself, always offering help before it's called for, is training him to be completely dependent and demanding. The spoiled child is the child who isn't being allowed to develop his own resources.

TOO MANY CHOICES

Sometimes mothers fall into the habit of asking a child if he would like to do something she fully intends that he will do. When he's busy playing after lunch, she may say: "Wouldn't you like to come in for a nice nap now?" Of course, he wouldn't. The argument may be gently pursued until when reason fails, his mother loses patience and he's carried off screaming. Probably no "nice nap" will be had that day.

In matters of routine, it's better to steer a child by arousing his interest in the next thing. He is easily distracted and by this method a mother can lead her child through the day's program with a fine feeling of getting along together.

ILLNESS AFFECTS BEHAVIOR

Any child will be likely to slip back during and after even a slight illness. Being sick makes him feel more like a baby, needing more help and comfort from his mother. He may stop feeding himself, soil himself and generally lean on his parents. With his recovery and plenty of reassurance, he'll soon take over again. Plenty of love and reassurance—but let's not run the risk of spoiling the child by too much attention or a show of too much anxiety and concern.

TWINS

Even identical twins are *two* individuals who happened to be born at the same time. Right from the start a mother should be very careful to be equally affectionate with the children and always to alternate which gets attention first. The youngsters should be encouraged to think and act independently of each other and to dress differently if they want to. Thoughtful parents, while the twins are still babies, will train themselves to refer to the children by name rather than as "the twins." If within their own home they aren't forever being given half status, if they aren't always being compared one with the other, and if their differences in growth, weight, skills and personality are accepted as being perfectly natural, they will better stand up under the not-too-wise comments of outsiders.

LEFT-HANDED OR RIGHT-HANDED

A child is born right-handed or left-handed. On the basis of a great deal of observation, many experts now maintain that if a child is prevented from using his *natural* hand, he will likely have trouble in learning to talk, write or read.

Many babies don't seem to know which hand they prefer to use. Some are sure from the time they start to reach; others will switch back and forth. It's important not to confuse the baby, especially the one who shows no marked preference for one hand or the other. Some children may be over two before it is clear which hand they prefer to use. Always hand him things

from the "centre-front" so he can freely decide which hand to put to work.

Many parents worry about allowing a child to grow up left-handed in a predominantly right-handed world. It is true that there are certain inconveniences for the "southpaw" but these are conditions *outside* the child to which he can adapt himself without too much trouble. Changing handedness, however, may seriously handicap a youngster from within. It is well to let nature take its course.

LEARNING TO LEAVE THINGS ALONE

The one-year-old has to learn his way into a world full of hazards. Not everything potentially dangerous or fragile can be moved out of reach. And just saying "No! No!" too often or in a bossy tone, won't stop a determined explorer headed for a forbidden object. What's to be done about hot stoves, turning on gas jets, electrical equipment, oil lamps or climbing out of windows?

A mother can simplify the business of teaching the child to leave certain things alone by handling the situation carefully in the beginning. Let the child do his early exploring wherever you happen to be working so that, from the background, you can readily keep an eye on his activities. When he makes for an object he shouldn't play with, overtake him and give him a helping hand in the examination. Use words of caution he understands like "Stove-Hot." Let him go near enough to feel the heat for himself. Baby is both bold and cautious at the same time. His curiosity pushes him on but he doesn't want to get hurt. Your words of caution about floor lamps, electrical cords, washing machines and such, make him understand that certain objects are not play things. Once his first curiosity is satisfied and tempered with caution, he's not so likely to dash rashly into trouble the minute your back is turned.

Fortunately the young adventurer is easily distracted. He can be steered away from something you would like him to leave alone merely by drawing his attention to something new.

CHAPTER 6

The One-Year-Old Learns

TALKING

BABY enjoys making sounds. Quite young he coos, shouts and babbles all by himself just for the fun of it. Gradually certain sounds begin to mean something to him. Then he takes an interest in learning to talk.

Children vary greatly in the age at which they start talking. Girls tend to talk earlier than boys and to be slightly superior in language ability throughout the early years. The starting age is likely to be anywhere from the eighth to the seventeenth month.

Where the home is pleasant and the baby is friendly, he'll probably be trying to use words around one year. Learning is helped by mothers almost instinctively talking to baby in single words. When she says clearly: "Go" . . . "Baby" . . . "Boot" . . . "Hot," the child soon learns what they mean and will want to say them too.

Earlier, because the "m-m-m" sounds come naturally in his babbling, he has probably learned to say "Mamma" and later added "Da-Da," much to the delight of his parents.

Often children will let one word do the work of a whole sentence or more. A small child will say: "Go-go," run and get his coat, climb into his go-cart and shake it impatiently when he hears his mother mention going to the grocery store. The one-word sentence is followed by grouping of words. Then many words come pouring out freely.

WALKING

Walking is another thing that comes naturally. It doesn't need to be taught. When a baby's muscles are ready, there's just no stopping him. Yet hardly any other accomplishment makes parents so proud. Perhaps it's a sharing of the triumph Junior feels himself. Walking certainly is one of life's most exciting achievements.

Most babies learn to walk somewhere between 12 and 15 months, a few as early as nine months, and quite a number of bright, healthy children won't walk until 18 months or even later. There are many reasons for wide variations in the starting age. One active muscular baby may walk early while another equally developed child may be getting around on all fours so satisfactorily that he postpones trying. Illness or a bad fall experienced during first trials may cause a baby to put off the venture for a while. A heavy baby will likely start walking later.

As soon as baby learns to walk, he will roar to be out of his play pen. There is so much more interesting activity outside! He needs the muscle-strengthening exercise of running about, lifting his little chairs, carrying things around. He should have the chance to run freely so that his unsteady legs can gain strength and sureness. As soon as baby is walking, he needs real shoes. It's normal, when he starts walking, to plant his legs far apart and to toe out. However, the feet very soon straighten around to an almost parallel position. Sagging ankles, knock-knees, bow-legs or toeing-in require treatment or special shoes. It is wise to consult your doctor at this time.

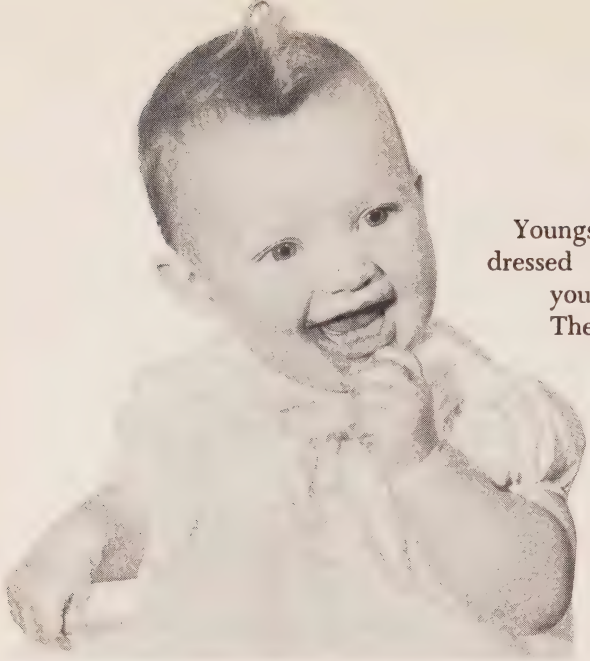
CLIMBING

Climbing is fascinating to the toddler. It's a good thing to let him practice on low, safe chairs or stools. If he gets marooned, help him to back down cautiously. As soon as he's interested, let him practice going up and down stairs. Of course, he'll have to come down backwards at this age. Climbing helps develop a sense of balance.

OUT OF THE CARRIAGE

As often as the mother can spare the time on shopping trips, the toddler should be allowed a spell out of the carriage. For him it's both exercise and adventure. Mothers in a hurry to get the shopping done complain about the time this takes. Junior wants to wander up the front walk of almost every house, climb the steps, conduct a lengthy inspection of some twig or caterpillar. He just won't be hurried.

Scolding or nagging isn't the answer. To you it may be boring, seem like a waste of time, but to the young explorer it's a succession of fascinating discoveries. The important thing is to decide how long you can give him out of the carriage on such trips. Then while he is out, interfere as little as possible. Put him in sensible clothing so you won't be tempted to fuss when there's a tumble. If his exploring has been free and happy, he'll be easier to lure back to the carriage by telling him about all the things to be seen on the rest of the trip. Handled with courtesy and reason, young children are surprisingly cooperative.



GETTING DIRTY

Youngsters aren't dolls to be all dressed up for display. They are young learners and explorers. They want and need to be allowed to do things that will make them plenty dirty.

The creeper may look like an animated floor mop; but he's having a wonderful time. The slow and unsteady toddler won't mind one bit being rather grimy from frequent tumbles. Outside he just loves to wade in puddles, squeeze mud through his fingers and toes, dig in the sand, roll on the ground. The wise mother will dress her child in practical, washable garments so that he may freely enjoy this normal part of growing up.

If a child is always being prevented from doing the things he wants to do because he will get dirty, and if he is always being warned to keep clean, he will become really afraid of dirt. He will grow timid, fearful of trying anything new because he may get dirty. And so his personality suffers.

GETTING CLEAN

Getting dirty gives the children good reason to learn to clean up. They just naturally love to play in water and will very readily start working on themselves if you give them a chance.

Before two, a child will start washing his own face and hands if soap and water are put at his level, a low bench with a basin of his own or a sturdy stool to bring him up to the big wash basin.

Children become self-reliant by doing these simple everyday things for themselves. But they need time to learn. Soap and water is fascinating to the beginner.

If he can go at the business of washing himself leisurely, he will feel happy about it. Encouragement and praise are in order even if the dirt isn't all off. Mother can catch that later in the day when she gives him his bath. By not stepping in on his job, she doesn't disturb his growing feeling of competence.

After a reasonable time at the basin, a youngster can be gently steered on to something else by getting him talking about what to do next. To scold or hurry can spoil a nice spirit of co-operation.

THE EAGER EXPLORER

Everything is excitingly new to the one-year-old creeper. Literally everything within reach has to be examined. Anything movable has to be moved, shaken, pushed. As many things as possible go into the mouth for further study. Pots and pans come clattering out of the cupboards. Little fingers poke and pry. They just have to feel the size, shape, heft and texture of everything. The one-year-old is truly the demon explorer.

Being a young explorer takes lots of courage and independence. Sometimes the vastness of his world and his own helplessness are overwhelming. Then he howls for Mamma—his base of operations, his main source of security. This is the age when baby is alternately giving his mother the brush-off and then crying soon after she is out of sight. Letting him cry it out doesn't help; it *hinders* his growing independence. Independence grows as he is encouraged to find things out for himself, to explore by the comfortable feeling of knowing that mother is right at hand if needed. He is beginning to realize how much he loves and needs his mother. This clinging phase may be inconvenient but it won't last forever.

EXPLORING HIMSELF

Baby's exploring really started way back in his basinette. The discovery of one hand by the other was a big one. With great effort and concentration he examined one hand with the other while the realization dawned that they both belonged to him. He

found himself a fascinating object of study—feet, toes, ears, nose, with always his mouth to return to. Then one day in the bath, he discovered his sex organs. Girls or boys will want to explore their genitals just as thoroughly and with the same curiosity as they did the rest of their bodies. It's perfectly natural; it's perfectly normal. The mother should not interfere.

THE PLAY PEN

This is a wonderful convenience but the mother should not leave a young child in too long or when he's needing greater freedom. Children vary; some, at a year and a half, will use the pen; others at less than a year, are trying to break out of their prison. Usually, however, they grow tired of the play pen gradually. The period of happy play grows shorter each day. When he shows definite signs of impatience in the pen, try a change of toys; if that doesn't work, then he's had enough for the time being and needs to come out.

With the play pen, as with all other phases of growing up, the alert mother takes her lead from the child.

THE "WALKER"

It isn't at all necessary for a child to have a "walker." He can manage perfectly well on all fours and creeping is good exercise. If you happen to have one, there will be occasions when you will want to put baby in it. He seems to be safer and happier—or at least you feel he is—and that's important.

FREEDOM

Out of the play pen, on to the floor and mothers exclaim, "He's into everything!" . . . "He'll wreck the house!" . . . "He'll hurt himself!"

As soon as the creeper is given the freedom of the house (or rather, parts of it) adjustments must be made. Valuables and bric-a-brac should be put away and lamps, breakable ash trays and plants moved out of reach. Books may be moved to higher shelves or packed so tightly they won't come out easily. It's natural, not naughty, for baby to want to touch everything. The fewer things you have to teach him to leave alone the better. Your baby's safety, development and welfare are worth some planning, some dislocation in your arrangements.

CHAPTER 7

Feeding the One-Year-Old

EATING is naturally enjoyable and, therefore, is one of the things most easily learned. By the time he is one, a baby will be eating many foods. He may be drinking all his milk from a cup or still be wanting the pleasure of some from a bottle. He is doing a lot of experimenting with his hands. He may want to squeeze the food through his fingers, put a fistful in his mouth, smear porridge around his tray, grab the spoon and stick it into the food. If he succeeds in getting some to his mouth, he will likely try again.

At eight months, he seemed afraid of starving to death. He ate whatever was served, too hungry to be choosy. He leaned forward, mouth open for every spoonful. But, around one, his rate of growth is slowing down and his appetite demands aren't as urgent. He begins to feel assured that there will always be enough to eat, and he eyes his plate as if to say, "Let's see what is being served up today."

Teething will affect the child's appetite. For days he may eat less, even miss a meal occasionally.

Then, too, there are natural variations in anyone's appetite. Grown-ups have special cravings for some particular food and so do children.

IF HE ISN'T WEANED

Not all babies are through with bottle feedings by one year. Some take to drinking from a cup more readily than others. In any case, the change from sucking to drinking from a cup takes time, shouldn't be forced. If, around six or seven months, baby was given a few sips of his formula at each meal, he has probably learned that milk comes faster and easier from a cup than a bottle. But even older babies seem to need a certain amount of sucking and may cling to some bottle feedings. In many cases, the soothing comfort of the suppertime bottle is most cherished. That's all right. But, at each meal, the mother should put within his reach a small glass or mug that he can handle, give him the chance to learn to hold the cup and drink whenever he feels like doing it.

It doesn't matter at what age someone else's baby was weaned. When your baby is ready, he'll let you know. Then the bottle can stop.

Sometimes anxious mothers will prolong bottle feeding by offering one at the end of each meal as means of tucking in extra milk. If the baby is growing disinterested in the bottle, it's better to try a few new dodges to make cup-drinking more attractive. A change of little colored glasses, different shaped mugs, cool milk and, if your doctor approves, some flavoring or vegetable coloring will add zest to his drinking.

FEEDING PROBLEMS

Feeding problems most frequently start shortly after one. It's around this age that the child's rate of growth slows down so he doesn't need to eat as heartily as he did at eight months. His appetite varies more noticeably from day to day. Also, he is beginning to express preferences for some foods. Problems often arise because parents don't realize that these are normal variations.

Once the mother becomes worried, urges the child to eat larger servings, tries to force rejected items, the child becomes more

stubborn and The Battle is on. The more she frets and coaxes, the less he eats. The less he eats, the more frenzied the mother becomes. Mealtime becomes an unpleasant thing, and with it the danger of an unhappy relationship between the mother and child. Such conflicts will lead to other behavior problems.

KEEP HIM EATING WELL

Keep him thinking of food as something *he* wants. It helps to have the servings small. Then allow extra helpings of the item that just seems to hit the spot and less or none at all of something else if that is the way he feels about it. He may grow tired of cereal. He may want less milk. A few days of less milk or no cereal won't hurt him. If the boycott continues, substitutes can be offered for cereal. His milk can be served up in other forms. So, if your child turns against some former favorite—a pudding or vegetable—let him give it up for a while. He will then come back to it later. It won't hurt occasionally to let him eat dessert first if he happens to see and want it; wholesome puddings are good food, too.

ACROBATICS AT MEALTIME

Before or around one year as baby's appetite decreases he gets awfully busy at mealtimes, messing in food, dropping things, twisting, turning and standing up.

Generally speaking mealtime should not be playtime. Feeding problems can easily get started when the mother is more anxious about the food than the child is. If a child loses interest in eating, assume he has had enough. Children *rarely* starve themselves. In a friendly manner, let him out of his high chair to play. Remove the meal without comment or impatient gestures. If

he immediately starts clamoring for more food, give him a second chance. But if he shows no more interest, don't try him out a little bit later. His in-between-meal snack will do until the next regular meal.

If the mother is really confident that nature can be trusted, it's much easier for her to be friendly and casual. If she can bring herself to let the meal end when the child loses interest, he will gradually learn to keep on with the business of eating until he has had all he needs.

FEEDING HIMSELF

The one-year-old is full of ambition. If he has been allowed earlier to use his hands to stuff food into his mouth, he will now be about ready to graduate to a spoon. While he's being fed, let him have a spoon at hand, preferably one with a short straight handle. Because it's fun to satisfy one's own appetite, he will start trying to use it. It may be weeks before he can manage to twist his wrist, hold the spoon right side up and succeed in getting some to his mouth.

Now he is ready to have a free hand for a while at the start of each meal when he's hungriest. Serve an easily handled food which he will think is worth his effort to eat. After giving him a little time alone the mother can quietly take over. The more expert he gets, the longer he should have to feed himself. Don't expect steady progress. When the child is tired or sleepy, he needs more outside help.

Though he is trying awfully hard, you can expect the child to be messy for a good while. Trying to force him to feed himself, scolding, hurrying or constantly correcting him is taboo. Learning comes faster when it's pleasant.

Don't worry about *how* he eats. He himself wants to become an expert, tidier eater but that takes time. Suitable utensils help the process along. A low mug with a handle that's easy to hold and a hot-water plate with straight sides are useful. By the time Junior can manage a serving of his favorite food in about 10 minutes or less, he is ready to handle the entire meal. Once he's

on his own, allow him to pass up certain foods rather than step in to feed him the foods *you* want him to eat. Balance the meals as best you can from among the foods he most enjoys now. He will come around to other foods. It's sensible to be easygoing at this stage. A mother who insists upon certain foods is very likely to build up in the child a resistance to these which will cause grief later on.

The child who has been allowed and encouraged to feed himself at his own pace will probably be quite a skilful eater at 15 to 18 months.

CHAPTER 8

Sleeping Habits

SLEEP can come easily and naturally to the healthy child who has had a busy day, who is sure of his parent's love and for whom bedtime has been a pleasant time. Given the opportunity, he will take all the sleep he needs.

The one-year-old's changing schedule of sleep is a bit hectic for his mother. He may rebel against his morning nap for a couple of weeks, then go back to it for awhile. He is at the stage where two daytime naps are often too much and one not quite enough.

However, he will soon settle down to one rest a day. A lot of future balkiness can be avoided if mother is friendly and flexible during the switch-over. For a while, continue to try him out in the morning with a few toys in the crib. He may play contentedly, then drop off to sleep. If not, let him out when he grows restless. When he misses the morning sleep, it's a good idea to move the lunch hour forward and put him off earlier in the afternoon.

The amount of sleep needed by a young child grows less as he grows older. Somewhere between three and five years, he will begin to stay awake all day. Not every day at first, but some days.

AFTERNOON REST IS GOOD

Even though he doesn't always sleep, a regular afternoon rest is a good thing. If his mother doesn't get herself all worked up when naps are missed, the child won't get a lot of wrong attitudes about sleeping. He will accept the afternoon rests in bed with toys and books as a comfortable routine. Because he isn't worried—no one has made him feel guilty about *not* sleeping—he will

play contentedly by himself. If his body needs sleep, he'll drop off. If not, perhaps he will rest for close to an hour before becoming restless and anxious to be up.

The afternoon rest is better over in time for a little outdoor play before the child's evening meal.

GOING TO BED AT NIGHT

When all is well in his world, the young child, groggy with sleep, just naturally welcomes being tucked in his own little bed. He does, that is, if his hours for sleeping have been generally regular and if going to bed has been made fairly constantly pleasant.

Children need lots of sleep; the amount varies with the age and has been listed in Chapter 2.

Not only do the children need the rest; the mother does too. Getting youngsters off to bed early gives her a much needed time of relaxation. But, if she wants her children to go to bed *willingly,* she must be careful not to let them think she's trying to get rid of them. A child who feels his parents are in a hurry to get him out of the way will be thoroughly upset. Though heavy with fatigue, he will try to stay up as long as he can. And that may be for several hours.

To swoop down upon a youngster saying, "Now, away you go to bed," is to invite resistance. No matter how rushed a mother may be, the time spent now in keeping the bedtime parade peaceful and leisurely will pay her handsome dividends for years to come. Arguments started now about going to bed can go on and on.

With the tiny one, show your interest in the toy with which he happens to be playing and, if it's a small one, affectionately carry off the child and toy together. If he is playing with something too big, divert him to a smaller one before you gather him in your arms.

With the older ones, sound an advance warning so they can be prepared to leave their play. To a child, his play is not trivial; it's all-important. When it's time for him to stop, take a minute to enter into the spirit of his play, admire any construction and, still talking about his interest, lead him off to bed. Take it easy and he'll be in a fine co-operative mood. Rush, nag at him, and he'll dig his heels in!

Stories not too exciting, nursery rhymes, singing or just talking, helps make bedtime a happy time. Children need to have the feeling of being close to their parents, of always having the reassurance of love and affection. Bedtime is a good time to give them reassurance. It's relaxing.

Don't expect them to go to sleep as soon as their heads hit the pillow. Few children go to sleep quickly; mostly they take about half an hour to drop off.

REGULAR HOURS

Children vary somewhat in their sleep requirements. But, for the most part, during their first six years, they need to sleep the clock around nearly every night. Of course, on the odd occasion, some special holiday or event, it's a good thing to let them stay up to enjoy the excitement. But it's well not to have too many such occasions because children tend to waken at about the regular time next morning, and so do not make up the lost sleep.

A young child may start feeling a bit lonesome when he is put off to bed in a room by himself, so he finds it comforting to take things to bed. It may be a stuffed doll, one particular blanket, several little trucks or even bigger toys. Indeed, he may want his bed piled high with prized possessions. It's all right to let him, but observe commonsense safety precautions. Things should be cleared away after he has dropped off.

When a child resists sleep, when he won't stay in bed, wakes up frequently in the night, if no physical illness is present, then there is something wrong in his world.

Check that the afternoon nap isn't coming too late. Romping with father just before bedtime may be fun, but too stimulating. Father can read, tell stories, or play music to give him just as much fun and be just as companionable.

The child may be tense or nervous because of his unhappy feelings. He may be afraid of the dark, afraid of being left alone, just plain lonely. He may be all mad inside if going to bed has developed into a fight. Somewhere there may be an unhappy family relationship, jealousy or a feeling of competition with a brother or sister, fear of a stern parent or a feeling of being not wanted, not loved.

HOW TO HELP

The best cure, or preventive, for problems about sleeping is to see that the child is getting plenty of affection from both parents, that his feelings about his parents aren't being disturbed by other battles over eating or toilet training. During his day, he should have plenty of interesting play and be around other children. Too strict discipline is better abandoned. If fear of the dark is a problem, try plenty of reassurance and leave the door open a bit. The light and sounds sifting in from the hall will be very reassuring. Usually a night light is unnecessary and best avoided.

CHAPTER 9

Toilet Training

IT'S NATURAL that mothers should be eager to toilet-train their children as early as possible because of the heavy load of diapers. There *is* a lot of work in the baby's daily washing. Nevertheless, an immediate saving here needs to be weighed against ultimate extra work and worry involved in beginning toilet training too early and pushing it too hard.

Until a baby is 10 or 12 months old, his nervous system is not enough developed for him to connect "going to the toilet" with the feeling of having to go. Up to this stage, the child has no idea what it's all about. So-called training earlier than this is really only a matter of catching the movements of a baby who has them at fairly regular times.

Many doctors believe training so early may have harmful effects. Some suggest 18 months is time enough to start because only then can we be sure that the nervous system is capable of learning voluntary control. In any case, it seems sensible to begin toilet training when baby is grown up enough to understand and to learn by taking part in the process.

LENDING ASSISTANCE

The essential fact is that babies themselves gradually gain control of their own bowels and bladders as they grow. What mother does is to lend assistance.

Somewhere around a year is a reasonable time to begin putting the child on a toilet chair at the time he usually has his first regular movement of the day. If he goes within about five minutes, praise him. If he doesn't, try again the next day. The main thing is to keep a relaxed, easy attitude about the whole business, giving baby a chance to catch on. Make sure he is comfortable on the chair or toilet seat. A toilet chair with arms is perhaps the best device because in it baby is down at his own level and will feel perfectly safe. Also, when he is able to walk, the chair is easy for him to use by himself. A seat that fastens on the regular toilet doesn't feel quite as secure to the beginner and flushing the toilet may disturb him at some stages. If flushing ever bothers a child who was previously not disturbed by it, don't force him to use the big toilet. Improvise something until he gets over it.

For some time be content to catch only the first regular movement each day. Give him time to get used to the idea of using his toilet and why.

If baby's regular time of evacuation becomes disturbed by the attempts to get him to use the toilet so that he begins soiling himself at odd hours, training should be discontinued for a number of weeks. When the baby has become regular again, a second start may be made.

WHEN ROUTINE FAILS

Don't be surprised if, after a fairly successful period, the routine suddenly falls to pieces. A trip away, diarrhoea, a new person in the household, illness—any change or new set of circumstances can throw him off. There may be a bit of rebellion as well. He's coming to think of going to the toilet as something that's his very own business. To his mother's dismay, he may use his panties or some odd place around the house. It's easier said than done, but this is no time to scold or punish. If a mother is pleasant and reasonable, he will soon come back to his toilet.

A child's pride in his bowel movements may either amuse or disgust his parents. From the child's point of view he has done something rather wonderful. He may bring his parents from another room to see. Sometimes he may even want to play with his faeces, do a little plastering. Don't hurt his pride by showing disgust. Divert him to something else and clean up the mess.

Diet should be carefully watched to maintain smooth normal movements. Hard ones can be very painful and will frighten a

little fellow. In that case he will resist going to the toilet because he doesn't want to be hurt.

Using enemas and suppositories indiscriminately as part of the training program can further frighten the child and build up greater resistance.

The mother who wants a child with a sunny disposition, will avoid at all costs letting toilet training become a prolonged struggle. A child who is over-trained may develop a stubborn, hostile attitude which can become a permanent part of his personality.

DON'T ASK THE IMPOSSIBLE

A mother can be too demanding in her standards of cleanliness. A child who isn't yet developed enough to measure up to these standards is in a pretty tough spot. He can't help but slip. To him that means he's somehow failing to do what his parents expect of him. Don't ask the impossible. Feelings of inferiority can start very young and be a handicap throughout life.

In some cases, because of his mother's disapproval, a child will feel naughty because he's dirty or wet. He knows how much he needs his mother's love and she seems to be taking it away because he has made a mistake. So he grows afraid of all dirt, cries to be cleaned up, may even be worried by dirty hands. This attitude toward dirt can lead to his growing up into one of those over-fussy persons who just can't stand a speck of dirt.

Perhaps parents wouldn't worry and work so hard to train their children if they knew that many babies have trained themselves, with no backsliding, by a year and a half or two. On the other hand, nearly all the children who go on soiling after two have mothers who put up a grim fight over training.

BLADDER CONTROL

Most babies won't stay dry for as long as two hours until they are around 15 months; boys are usually slower than girls. But here as in every phase of growing up, wide variation can be expected in normal children. When the child is keeping himself dry for a couple of hours at a time his bladder control is getting pretty well developed. Now is the time to start helping him because he is able to co-operate. When you find him dry after a couple of hours, put him on the toilet. His full bladder will soon

empty so he won't have to sit for more than a minute or two. Don't expect steady progress. Remember learning comes slowly.

Even after he has the idea, there will be many times when he will be so busy playing that he won't notice the signals of a full bladder until it's too late. Then he'll come running to tell you he is wet. This should please rather than annoy you because it means he is beginning to realize that this is his responsibility. It's a comfort to know that the next step isn't far off when he will recognize the need ahead of time.

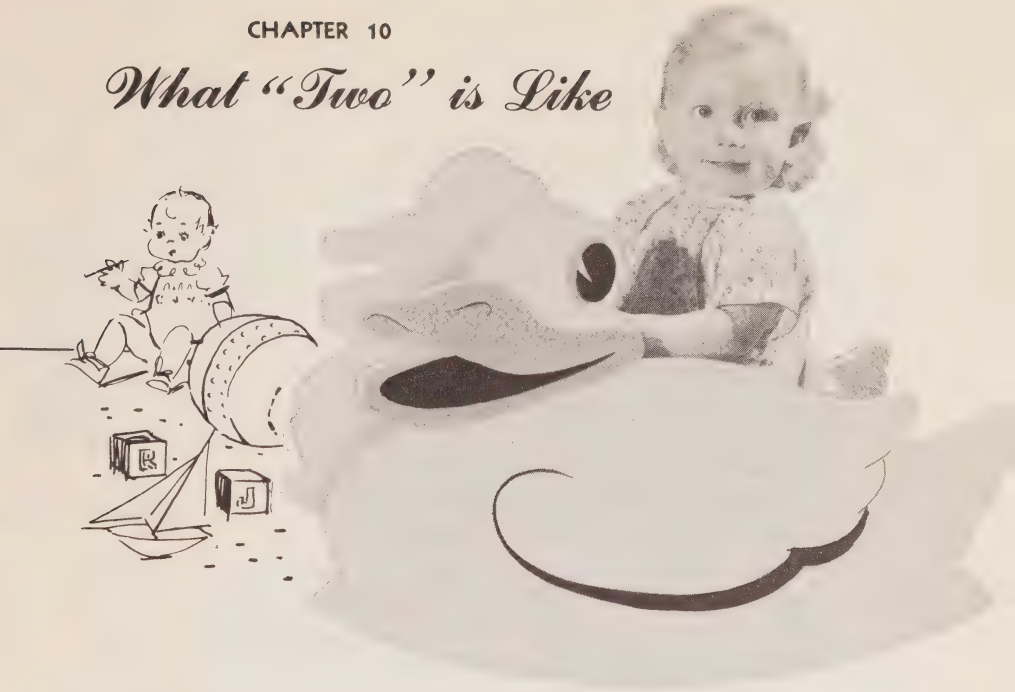
Usually around two or two and a half, they gain control. But plenty of normal children will have accidents occasionally up to the age of four or five, when they are excited, in circumstances that are new to them or on a trip. Try to prevent anyone shaming or scolding him. Some accidents away from home are caused by a child being so used to his own facilities at home that he can't go anywhere else. Under these circumstances, he'll probably wet himself. The less said the better. Just let him know you understand.

DRY AT NIGHT

Keeping dry at night depends upon the development of a child's bladder. Picking a child up at night, if he is still dry when the parents retire, may help in some cases. However, many very young children who are not picked up at all during the night manage to be dry in the morning. Most youngsters can keep dry at night even without being picked up, when they are somewhere between two and three. Scolding, irritation or anxiety in the parents may be the most important cause of continuing difficulty. If the child is still wetting consistently at night by the age of four or five it is a problem for the doctor. There may be a physical reason.

CHAPTER 10

What "Two" is Like



THE two-year-old is a "runabout" and, while he no longer wobbles, he does take plenty of tumbles. By holding on, he can walk upstairs, one step at a time. He can throw a ball and ride a three-wheel kiddie-car.

He can build blocks into small towers. He can pull drawers open, and he loves to take things out and put them back again.

Washing his face and hands, with much splashing and dabbing, is lots of fun. By now, he will be eating rather neatly. He likes to undress himself and may do it any time, any place.

Probably by two, he talks in short sentences, delights in nursery rhymes and simple stories.

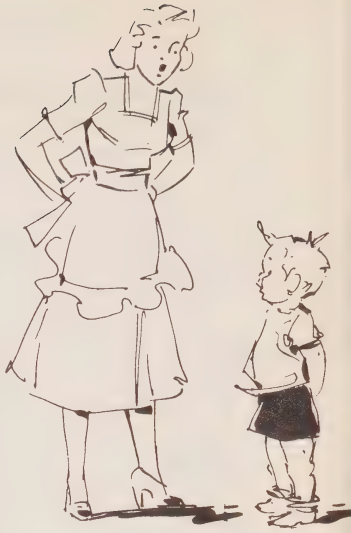
Pretty generally, he is keeping dry during the day now, but not so likely during the night.

HE LEARNS BY IMITATING

Now, he's a very busy man; he imitates everyone. He follows mother around as she cleans, wanting to do whatever she does. Sometimes, he's content to use his small broom but, with great determination, he may try a hand at the big one, too. When she washes or bakes, he's right in there! On visits to the doctor's office, he demands a try at the stethoscope. When father waters the lawn, Junior just must hold the hose all by himself.

What he's doing when he imitates is not just play; it's serious learning.

BALKINESS



Sometime around two, he enters what mothers call "that terrible 'No' stage." He isn't trying to be stubborn; it's just that he's beginning to have the feeling that he's a man and not a mouse so he can dare to say "No" to the big powerful adults around him. At the slightest suggestion of being bossed, he balks. In a way, he has been doing that since one, but, from two to three, he is particularly determined and, sometimes, quite hard to get along with. It's wise to give him as much freedom as possible. If he insists upon the blue overalls instead of the green sun suit, let him have his choice. Such sturdy independence is healthy.

When it comes to eating, bathing, dressing, allow him plenty of time. Hurrying or nagging him will only make matters worse. At bedtime, rest time, going out or coming in, be a friendly diplomat. He is so bubbling over with interest and curiosity, that a wise mother can steer him through the busy days without having to act as the Big Boss.

HE'S SENSITIVE

In spite of his great display of independence, he clings to his mother, knowing how much he needs her and loves her. At bedtime, he just won't stay down. He climbs in and out, offering the most ingenious excuses to rejoin the family. Any changes in the household, father going away, a relative to stay, moving to a new house, are quite upsetting to the two-year-old. It's fortunate if upheavals in the family life can be avoided while children are at this age.

Many parents of a two-year-old are puzzled to notice that Junior will be quite happy in the presence of one parent until the other comes on the scene. Then he flies into a rage. Most frequently it is the father coming home from work, all eager to see his little darling, who suffers the rebuff. It helps to know that all two-year-olds find it hard to get along with two parents at one time. For awhile the parents can be casual about the matter and avoid creating such situations. This phase soon passes.

CHATTERBOX

As young children learn to talk fluently, they seem to enjoy kicking words around. They talk incessantly, seldom remaining quiet for five minutes at a time. And the questions! By the time he's three, he may actually ask about 300 a day.

All his talk and questions are a natural part of his advancement to the next grown-up stage.

Some two-year-olds, however, are still managing comfortably without using words. If such a child is in good health, easy going and friendly, there is no need for concern. Make sure he has enough interesting things to do, gets plenty of warm affection and some play with other children.

PLAYING WITH OTHERS

Children around two really don't play *with* each other; they play beside each other. Each fellow goes about his own business; he pauses to watch the others a bit, grab a toy or two, then back to concentrate on his own project. They need this time together as a gradual preparation for the next stage when they will really play together.

A two-year-old is always busy. His growing body demands constant action. While he has learned to walk, climb and lift, he still has a lot of practicing to do before he can perform as smoothly as the four-year-old.

Sitting quietly in church or at the table while adults enjoy a long, drawn-out meal is next to impossible for a healthy child because he has not developed to the point where he can be inactive so long.

DAWDLING

Time means nothing to a young child. A lot of dawdling is actually concentration upon the thing most interesting at the moment. A hungry child may become so fascinated by watching soap bubbles burst while washing his hands that it takes him ages to finish and come to his waiting dinner.

While dressing to go on some eagerly anticipated jaunt, a youngster may dilly-dally as though the event was not on his agenda. He isn't purposely wasting time. But it is not easy to keep on with the hard work of dressing when everything around him is so demanding of his attention. It's the most natural thing in the world to pause and give close scrutiny to a fly walking up the window pane. To him, it's all part of learning everything about everything.

Time does mean a great deal to busy mothers. But, start prodding and scolding now, and you'll be at it for a long time. If your child is being allowed to assume responsibility for his own eating, dressing, going to the toilet and washing, and if he doesn't feel he's being bossed too much, he will gradually speed up. Dawdling for him won't become a form of passive resistance.

A child can turn as deaf as a post to a torrent of words. However, some interesting features of the next event might persuade him to hurry a little. When he's prolonging the hand washing with bubbles, you might say: "While you're drying your hands, I'll tell you what we're having for dinner." Even after a child can do things for himself, a little unobtrusive help now and then will tend to cut down the irritating slowness.

DRESSING HIMSELF

Every young baby tugs at his booties for the fun of it. Somewhere after one year, he wants to help undress himself by pulling off his socks. By two, he will be able to get out of his clothes and may even be trying to put some on.

Getting into clothes is hard work for Junior. If his mother is tactful and

patient, she can keep him interested in the struggle. She can lay out his clothes so that he knows which is the front, then quietly help with buttons or straps before the complexities of a child's garments upset him.

When he starts growing tired of the whole business, he will accept help with better grace if it's unobtrusive. You may say: "Now, when mother fastens your coat, you'll be ready to go out" or "You put on one shoe and I'll put on the other." If an adult or parent doesn't take over suddenly, impatiently, the child will look upon such help as co-operation rather than as interference.

TIDINESS

Putting things away can become a burning issue in many families. If her standards of tidiness are high, a determined mother may use up energy for years and years *making* her children be tidy. Being tidy isn't just a matter of establishing a habit; it's a matter of winning co-operation, a willingness from inside the child. Perhaps some parents are being disappointed because they expect too much too soon.

A child can become reasonably tidy if there are convenient places for his things. Because few homes are designed for children's needs, parents need to improvise. Low hooks by the back door for outdoor clothing, low hooks in the clothes cupboard of the child's room, plenty of low shelves, boxes, orange crates in his room, a few boxes for toys scattered around the house are all handy helps in keeping tidy. Low towel bars by the wash basin will make it possible for him to hang up his towel.

Putting things away can be fun for the toddler. He learns slowly by imitating his mother. When she says, "The blocks go in this box," he gleefully sends his contribution crashing in with hers. As he grows older, he will sometimes put his toys away before going to bed. On other occasions, he may want to leave some superconstruction all over the floor. Even though he won't look at the thing again and you have to clear it away before you can dust, it's sensible to respect his pride in the project by allowing him to leave it intact. Your understanding in such little things as this helps to establish a pleasant relationship which is the real basis of a child's willingness to co-operate.

GOOD MANNERS

A child learns to use good manners by imitating the adults around him *if* he is at peace with his family and happy enough to be sociable. He will pick up practically all the formalities of "Please," "Thank You," "How do you do" with scarcely any prompting from his parents.

He can be doing very well with his own family but may find visitors or strangers more than he can take. They are always putting him in a difficult spot. When visitors arrive, the child is brought forward; everyone shouts and stares at him. In his embarrassment, he's not likely to behave as his fond parents would hope. When greeting strangers or visitors, it's much kinder to leave the small child in the background. Keep attention off him for awhile. Then feeling perfectly comfortable, he can enjoy studying the new faces. When he feels he has the situation well in hand, he will find his own way to join the gathering. He may settle in the centre of the living room with a doll and a small bowl, set the doll in the bowl and tell everyone gleefully that "Dolly is going toidee."

What a child does or says to make himself part of a group isn't as important as the fact that he is ready to be friendly. To be frequently embarrassed by new people can make a child so uncomfortable that he will avoid meeting strangers and grow to dislike new people. On the other hand, if a youngster is allowed to ease himself into the conversation with visitors, he will gradually develop poise and a pleasant feeling about such situations.

Manners and politeness come easily when there is a real liking for people.

CHAPTER 11

Fear and Jealousy in the Two-Year-Old

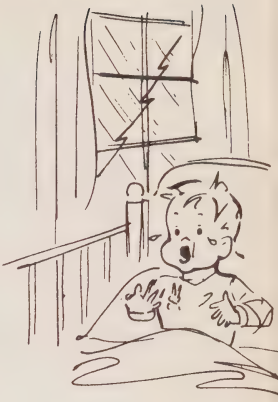
FEAR is normal. But, if fears are too intense or too prolonged, they can be harmful. The fears and worries of a young child should be taken seriously and every effort made to relieve them.

Damaging fear can result from many situations—an overly stern father (fear of authority); too rigid toilet training (fear of soiling); harsh disapproval of getting dirty while playing (fear of dirt); and so on. Whatever seems to make his mother withdraw her love will worry a child because he loves and needs her so.

Fears can best be prevented in a small child by parents being tolerant and always friendly about his progress or lack of it in eating, playing, keeping dry. A child needs approval for his clumsy efforts. If you make him feel a failure, he will be full of fears.

Of course, even a secure child can have some frightening experiences. If he should get separated from his mother in a crowded store, he howls in panic and feels hopelessly abandoned. As soon as he's found, the tears dry up and his confidence returns. Hallowe'en masks, so-called children's movies, can frighten a tiny tot. It is wise to protect him from as many frightening experiences as possible. Later on such things won't disturb him.

FEARS AT BEDTIME



At bedtime, the two-year-old may prove to be a genius at finding reasons for calling his parents or getting up again and again. He wants a drink, has to go to the toilet, a little scratch needs immediate attention, now his bed needs straightening up, then he's thirsty again. Being angry, punishing him, locking his door will only make matters worse. His worry needs to be handled sympathetically.

It may be that he is beginning to find it pretty lonesome being separated from his family at bedtime. Leaving the bedroom door partially open will help. A little extra comforting and some favorite toys may relieve this feeling.

Fear of wetting the bed can make a child afraid to go to sleep for hours. If his mother disapproves whenever he has an accident, he's bound to be worried. He is afraid he will lose her love if he wets the bed. At this age, his bladder control isn't well enough developed to be reliable and he knows he can't help accidents. Although very tired, he keeps himself awake because he is so anxious about slipping in his sleep. He will frequently call that he has to go to the toilet although when he gets there he can't do anything. Such a child needs to be assured that his mother loves him *wet or dry*. There should be a general letting up of all the pressure on him to do more than he's ready to do.

In some cases, a child may be afraid at bedtime because his mother has been away on a trip or has taken a job. He clings to her and fights sleep so he can make sure she doesn't go away and leave him while he can't do anything about it. He is particularly sensitive at this age and deeply upset by any absence of his mother.

If mother has to go away or work, she must try to make sure that the person caring for the child is, above all else, warm and friendly. She should have a few days at least while the mother is around to get acquainted with the youngster.

When a small child has become afraid of going to sleep, sitting with him until he falls into a sound sleep is a safe way to begin taking care of his worry. It takes time but the mother can read

or sew. The comfort of her nearness goes a long way toward building the security he needs to banish his fears. Try to add extra interest and warmth to his daytime program.

JEALOUSY

Jealousy is called the green-eyed monster for a very good reason. It's a powerful emotion in adults. In a young child, it can be so intensely bitter as to warp his whole personality.

Jealousy should be avoided where possible and minimized at all costs.

If the child knows well ahead of time that a new baby is coming, he can gradually get used to the idea. An only child under six years will find it especially hard to share his mother's love. He can't realize yet that it's possible for his parents to love two or more children all at once. He thinks of love being something that is limited in quantity like a bag of candy. If a second or third child gets some, there is less for him.

The preparation and bustle for the new baby's coming can leave a child feeling very lonely and out of things. Most parents nowadays appreciate the importance of making a special effort to reassure the "old baby" that they still love him. But it often takes some planning to convince him.

If there is to be reshuffling of the household arrangements to accommodate the new arrival, do it well ahead of time. Present any changes involving the older child as being something of a promotion for him because he is growing up, whether it's going to nursery school or giving up his crib or his room. The person who is to care for him while the mother is in hospital should come a bit ahead of time and be a friendly person.

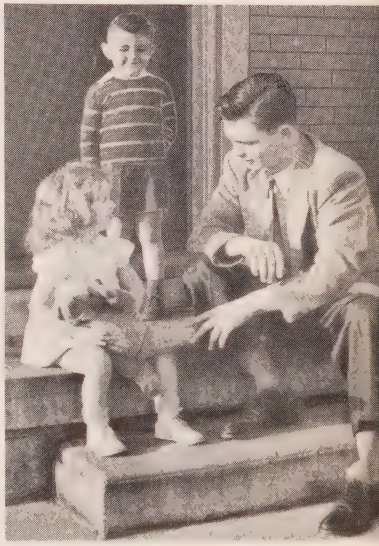
The excitement of the arrival home from the hospital is a difficult moment for the older child. Everyone is preoccupied getting mother, baby, luggage and nurse settled. It is so much better if the child can be taken away from the house on some jaunt that is fun for him. Then, after calm is restored, his mother relaxed, he can arrive home and run straight to his mother's arms. He's not as much concerned with the new baby as he is with seeing his mother again and receiving her much missed love. Better not to stimulate any interest in the baby. Wait until he asks. Don't make him feel he *has* to love it and share with it.

COMBATTING JEALOUSY

This is where the father can step in and build a mutually satisfactory relationship. He can do little companionable things such as taking Junior along when he does the furnace or waters the lawn. Evenings and holidays, they can play a few games—those the child thinks fun—do a little reading or talking.

For awhile, parents can help by discussing the baby as little as possible in front of the child. When friends and relatives arrive to see the newcomer, gently bring the older one into the spotlight. The hardest thing for big brother to take is anxiously to watch the visitors bring parcels for baby but none for him. If people only realized how much wiser it would be to come and *see* a new baby but *bring* the *gift* for the "old baby!" Parents can cover up by keeping a secret supply of gimcracks and, when the older child is overlooked, bring one out.

Letting big brother help with baby can do much to reassure him and make him feel important. He can help bring in diapers or get baby's bottle from the refrigerator. Sometimes he may want a drink from the bottle, too. Give it to him; there's no danger of his returning to bottle feedings. An older child, whether boy or girl, can get a lot of satisfaction out of having a doll with enough improvised equipment to be able to imitate mother's care of the baby.



If at all possible, mother should try to give the older child some time of his very own during the day. While baby sleeps, she might take her mending out beside his sand pile. Another day, she could read. It helps him to feel he is getting at least a share of mother.

JEALOUSY HAS MANY FACES

Not all children obviously show their jealousy. Parents who are aware of a child's natural feelings when a baby comes can make sure they are giving the older child lots of hugs and praise whether he is acting jealous or not. When the child finds he's doing all right even if he has a rival, the experience of sharing will strengthen his personality.

But, where the older child feels he's losing out, he can't help feeling unhappy and jealous. His jealousy may be out in the open and he may attack the baby. Or, it may come out indirectly. He may suck his thumb, stutter, not eat, not sleep. He may be just plain mean and, with great thoroughness, go to messing up the house. He may even love the baby at the same time, but his hugs of affection for it are apt to be violent. Moping, or being obsessed with the baby, are two of the most damaging types of jealousy and may require professional advice.

It's natural for parents to be angry at displays of jealousy but to handle the child's behavior sternly only confirms his worst fears—he isn't loved or wanted any more. Instead of crossness or rebukes, try to gather the culprit up in an affectionate hug, tell him you understand how he wishes there wasn't any baby to take your time. Tell him, too, that you need him now more than ever. You are helping him to bring his feelings into the open. He won't feel so guilty and unhappy. His wonderful parents understand and still love him.

RIVALRIES

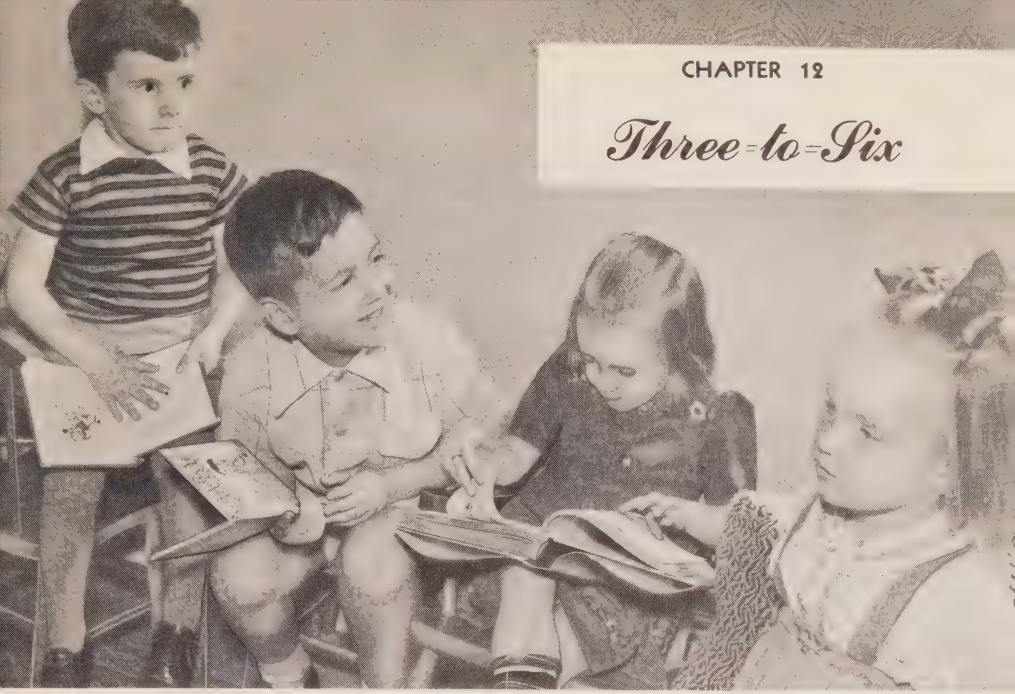
Real or fancied favoritism can greatly upset the family life as the children grow older. In many cases, parents unconsciously provide grounds for the slighted child's feeling. Mothers and fathers often make unfavorable comparisons. "John was always so careful with his clothes, but just look at you." "Mary never was so mischievous." A father may be quite impatient with a small delicate son and be quite obviously full of approval for his husky daughter because he admires sturdiness.

When one child has a birthday, it makes a happy occasion for all if there is a package or so for the other children, too. It's a lot easier to be nice when you aren't being left out of things.

Many a young child flies into a rage when his parents act lovingly toward each other. He just can't bear to share his mother, the person whom he loves and depends upon so much. Parents who tease their child by displays of affection are not aware of his great need to feel absolutely secure in his mother's love during these early years.

It's quite natural, too, for a child to be jealous of admiration or affection shown by his parents to a child outside the family. It shows how dependent and close is the relationship between a child and his parents. It's better for parents to refrain from giving much attention to little outsiders.

If parents are alert and try to avoid any seeming slights, giving all the children plenty of approval and affection, family life will be much more comfortable for all of them. In any normal household, however, there will still be some quarreling between the children. As long as each can stand up for himself, it's better for the parent to stay out. Such spats are one way to learn how to get along together. If, in order to preserve life and limb, or peace and quiet, the parent has to interfere, it is better to distract his attention than lecture. Try to remain friendly while firmly suggesting a compromise. Young children are not endowed with any special or instinctive love of brothers or sisters. That grows as they enjoy a happy secure family life together.



CHAPTER 12

Three-to-Six

THREE years is such a pleasant age. Most of the balkiness of the "terrible two's" is now passed. The three-year-old is full of admiration and fond affection for his parents.

He is still an imitator but quite a different one than earlier. At two, he imitated what his parents did, so that he could learn to *do* things. Now, he imitates because he wants to grow to be like his parents.

Generally speaking, he is easy to get along with, although there are many times when he has his own ideas about what he wants to do.

He talks in short sentences quite freely and with great animation. He is very attentive to adults, listens to their words and watches their faces for clues of approval or disapproval. He quite willingly accepts most suggestions and acts on them vigorously. He loves story time and loves to pretend he's a puppy, a bear, or a horse.

He is alive with curiosity about the people and things around him. He asks many simple questions.

He enjoys his modelling clay and sand box. He can make a train or a tower out of his blocks. He can fold a paper diagonally or however he wants. He can scratch around on paper with his crayons; but he can't be expected to keep within the outlines of the drawings in children's color books. He may even be pretty good about putting his toys away when playtime is over.

The three-year-old will do some dressing as well as undressing of himself. Because little girls tend to develop more rapidly than boys, they will be doing a better job of dressing. If hooks are within reach, the child can hang up his clothes.

Most three-year-olds sleep through the night without wetting the bed and, if given a hand with tricky buttons, can manage to go to the toilet by themselves during the daytime.

THE FOUR-YEAR-OLD

This could be called the age of finding things out. "Why" and "How" pop up in every other sentence.

The four-year-old is a "doer" too. He can run, jump and climb with ease. He manoeuvers his tricycle skilfully. He can do things with his arms and hands, with his legs and feet. He can now pitch a ball and build a house with blocks. He likes to play with other children. He still loves stories and rhymes. He wants to hear his favorite over and over again without a single change in detail.

At last, he *can* dress and undress himself if the clothes are simple and the buttons easily handled. But just as he has developed the *ability* to dress himself, he may go back to wanting to be dressed again. He hasn't, he thinks, time to manage all the routines of life *and* pursue his new interests and abilities. His new interests in climbing, running, social play with other children questioning his parents about everything under the sun, are so exciting that it is no wonder little things like tidying, washing, dressing and coming when called, take a back seat for a while.

We need to help him out in those things where he calls for help. Support now will only increase his security. He will master routines in his stride at five and six, organizing them into a secure social-emotional personality rather than an insecure one.

Our four-year-old is highly contradictory in his actions. The following is a list of a few of the contradictory aspects of his nature; his initiative—high; his ability to follow through—low; his feelings—high; his controls—low; his ambitions—high; his ability to achieve them—low; his social interest—high; his social manners—low; his desire to grow bigger and better—high; his display of this ability—low; his independent feeling—high; his ability to get along with others—low.

The low score is more striking because we somehow expect a four-year-old to behave better than he did the year before.

A busy mother will welcome a good nursery school for her four-year-old as a centre where her Johnny will have opportunities to develop at his own rate. His dawdlings and his boastings, his big ideas and his big abilities will find sympathetic handling. He will have space and equipment and playmates his own age.

Freedom for growth at this stage is crucial for the whole future of his personality development.

THE FIVE-YEAR-OLD

Now he can hop on one foot, skip and turn somersaults. He can handle his wagon and sleigh expertly.

He likes to cut and paste and draw pictures. He likes clothes and dressing up. He prefers playing with other children especially in group projects such as building houses, sand castles, forts.

Occasionally, he likes to *really* work around the house. He will help mother with the dishes, or the washing. He will help father with some hammering or painting. The five-year-old can be quite skilful if given suitable tools and the opportunity to do something. Doing some work around the house gives him that pleasant feeling of importance which comes from contributing toward the family living. It would be best for awhile to let the young child volunteer help rather than to assign him certain jobs. Later, he will be able to assume certain responsibilities.

The five-year-old is more reliable than he was at four. He is more serious too. When he asks "What is this for?"; "How does this work?" he wants and should have an adequate answer in language he understands.

YOUR "BABY" IS NOW SIX

And he's a big boy, sure of himself and quite dependable. He has learned to fit into his family group and is even interested in contributing a bit by helping with a few household chores. He washes and dresses himself. At six, he gets along well with other children but is self-reliant enough to amuse himself in a great variety of ways when he plays alone.

CHAPTER 13

Children Grow Up in Families

CHILDREN are being prepared for their own married lives by observing the way their parents feel and act toward each other, and toward them. Where the home is a happy one, a child can accept the idea of a man and a woman getting along well together with mutual respect and affection. If he himself is made to feel secure in the family circle, he will grow up with a wholesome attitude toward love and marriage. A disagreeable parent, quarrels, jealousies warp a child's attitude toward sex, marriage and life in general.

Both girls and boys need to feel that their father loves them. At this age particularly, they need a father who is a friendly person and who accepts them as they are.

FATHER AND SON

If a boy loves his father, he wants to grow up to be the kind of a man his father is. He makes a serious business of practising doing the manly things his father does. He pretends he smokes

father's pipe, lathers up his face and shaves with father's razor (without a blade). He takes on his father's mannerisms and vocabulary. This is more than play; it's preparation for his own manhood. At this age, he is most sensitive to criticism or ridicule from his father, even if it is meant to be friendly. A father will best encourage his son to be a "little man" by giving him plenty of approval and assurance that he loves him as he is. It's normal for little boys to cry when they are hurt, to play with dolls and sometimes to cling to mother. He isn't being a sissy; and it will decidedly upset him if he thinks his father disapproves.

Sometimes fathers have the idea that they have to work hard at making a man out of their sons; that they should get out and teach them to play ball and other athletic games. Sports are all right if the game is the child's idea of fun and if he has developed to the point where he can manage well enough not to be discouraged by too many failures. Often, father's friendly "pointers" are taken as criticism and the child gets worried and cross about the whole thing.

Above all, it's important for father and son to be on friendly, companionable terms. If their comradeship has a certain intimate flavor about it, so much the better.

FATHER AND DAUGHTER

A little girl needs her father's love and approval just as much as a little boy needs it. His admiration and companionship are important to her. He is the first man in her life! How she gets along with him will largely determine how she will get along with the young men she meets when she grows up. Her father's comfortable companionship and affection help her to become self-confident; his approval encourages her to become more and more feminine.

LIFE WITH THE FAMILY

Even a little child has feelings about his family. He cannot put into words the ways in which the families in his neighborhood differ, but he soon notices certain things. In one family the father comes home every night much earlier than his father does. In another family the father and mother like to garden together in the summer evenings. Some mothers bake a lot of cookies for little children; some don't. Some people don't mind the youngsters running across their lawns, others *do*. All these differences in families affect the child as he extends his operations out into the world.

Of course, he thinks his family is the best. Every child needs to feel this reliance on his father's and mother's way as being the right way. Later on he will compare his home with that of his friends. Wise parents, while young, will think about building the kind of a family life that their child will think is a good life when he gets older and more critical.

There are some specific things in family life that can build up a child's security and respect for his parents.

Children feel a certain serenity in their home when their parents obviously enjoy each other's company and do things together. If together they enjoy gardening, painting the kitchen furniture, listening to music, father reading aloud while mother mends, parents are building a close bond of interests. Family life is richer if each partner can share in or have an interest in the other's activities.

Because the home background and training of the parents were not exactly alike, there has to be a good deal of tolerance and understanding in order to reconcile their different attitudes. Respect for each other's opinions is only possible if each considers the other as important as himself. They are two equals planning and working for a satisfactory family life.

Many young men and women whose parents have not allowed them to grow into self-reliant adults, do marry and have children. They have to finish their growing up *after* marriage. Assuming responsibility can be a little alarming for them. But each partner can give the other understanding support. Together they can develop a grownup outlook and each accept his role in making a success of building a secure family life for themselves and their children.

TREAT CHILDREN WITH RESPECT

It may be difficult to treat a child with respect unless a parent learns what children are like and what is reasonable to expect of them. The more an understanding parent knows about children, the more he realizes how worthy they are of respect and consideration.

Real enjoyment of family companionship comes from having fun together. To one family picnics may be fun; to another, playing games; to a third, a musical session; to still another, gardening. The main thing is to try to do in a group the things that each member enjoys. Such pleasant doing-things-together can establish warm feelings of a "oneness" in the family.

SPENDING THE FAMILY INCOME TOGETHER

Sensible use of the family income will greatly depend upon how each parent has been allowed in his own developing years to learn to spend his own money. Because the man usually earns the income for the whole family, he may feel like the boss and dole out money to the others. However, most thinking men today accept the woman's role as that of an *equal* partner even if she isn't a salaried one. Women have a lot of training in buying and most families manage better and more amiably if decisions are made jointly.

As the father and mother talk over family financial affairs, whether they can afford to have the livingroom redecorated, or if the furnace should be repaired first, the children learn while they listen. They learn that talking things over brings out good ideas, and that people get along together better the more they work together. As they grow older they will want to take part and bring forward their claims. Daughter may want new curtains for her bedroom or money for dancing lessons. Son may be bursting for a new camera. Children develop sound judgment and a sense of proportion for their growing demands when they are able to take some part in the family's financial planning.

WHOLESOME FAMILY PRIDE

It makes a family unity stronger if each has some skill in which all take a pride. Outsiders don't need to be bored by the family's praise of its individual member's accomplishments; this can be reserved for family circle. As children develop personalities of their own, it's good for them to have their strong points and skills appreciated. They in turn can appreciate the others. It's good for them to hear father praise mother for her skill in baking and to have mother tell father he's a wonderful "fixer." All in all they feel part of a grand family.

FAMILIES AND THE COMMUNITY

Many families in large cities have no sense of belonging anywhere. That is unfortunate because the family as a whole needs to feel it is a part of a friendly neighborhood. Parents realize as soon as their little Johnnie can climb the fence, that they are being pulled into the community life. They want the child's life on the street to be safe and happy; they want a playground, a swimming pool, safecrossings on the way to school. Children are proud of parents who enter into life about them, who have the stature of being a contributor to, not just a receiver of, a good community life.

The child who enjoys a secure family life is likely to be a good citizen tomorrow.

FAMILY OCCASIONS

Parents who make the most of occasions for family fun while their children are little are doubly rewarded. They not only get a great deal of pleasure from achieving a better understanding of their children, but they give the children satisfactions they will treasure all their lives.

In the present day, when family groups are not so closely knit as they once were, when there are perhaps no grandparents and aunts and uncles nearby to whom visits may be made, it is especially desirable to promote the children's feeling of the family

as a unit. Sharing good times is one of the surest ways of building up this feeling.

Family celebrations of holidays, birthdays and other occasions mean a great deal to children and are worth the planning they take.

It is ingenuity and imagination rather than elaborate preparation that count, for it is the little traditional touches that make the days memorable. A child will remember the time his dignified uncles played games on the floor or wore comic paper hats long after he has forgotten what Christmas presents he got that year. It matters very little what else goes on the table on birthdays, so long as there is always a cake with candles to blow out.

It is not necessary to go to a great deal of trouble or expense to give a child the feeling that family affairs are jolly. Even a busy mother can do it. To make the day stand out is what matters—the little extra touch such as not having to do one's ordinary tasks on one's birthday or being given some special privilege. It may be that using the best china or putting on a gay tablecloth is all that is needed to set off one day as different from the others. In many families, some one dish is always prepared on a special holiday.

A mother should remember in her planning that the special consideration should not all be in favor of the children; when it is *her* birthday, or the father's, the children should have the fun of doing something for them. Parents can easily encourage selfishness in their children by doing too much for them, forgetting that children cannot learn the pleasure of doing for others without practice. Taking mother her breakfast to bed, which one little-five-year old thought up and did all by herself, is a kind of experience that no child should be denied.

Sharing in plans for special occasions can be a great part of the joy of such events. A child who has gilded walnuts to hang on the Christmas tree enjoys the tree more than one who has had no hand in the decoration.

A preschool child may forget to some extent what he learned on trips with his father to the zoo or museum or roundhouse, but he won't lose the impression of sociable companionship that began to spring up between them on those excursions.

CHAPTER 14

Play and Playmates

PLAY is often called the child's work. It is his main occupation. Through play he exercises and develops his muscles and his mind. And he learns how to get along with others.

Parents often don't appreciate this fact. They will thoughtlessly interrupt the child time and time again (after all, they reason, he's "just playing") and give little heed to his play materials. He gets, as a result, too few toys, or too many toys, or toys that aren't fitted for his particular abilities—they're so simple he tires of them quickly and leave him bored, or they're so complicated and unwieldy he can't cope with them.

Your child reveals his thoughts in his play. He acts out what's going on around him, experimenting to find out what it feels like to be on the grownup side of life. If you take the time to watch and listen to your child at play you'll probably be quite surprised to learn what sort of an example you've been setting!

Certain materials lend themselves to the child's playtime activities better than others. For example, crayons, paints, sand and blocks will give him a wide opportunity to express himself. He finds these types of material don't restrict him or cramp his style. Once you've supplied him with this stuff, let him alone. He wants to develop his *own* ideas. Probably he won't produce anything that satisfies you but you can be sure it will satisfy *him*. And that's what counts, especially—and this is important—when you show him that you're proud of it.

SELECTING PLAYMATES

We are social beings. Right from earliest infancy we develop in relation to others. The young infant develops along healthier lines if he has the interest and encouragement of an admiring mother. As he becomes older, he needs at times the attention of others—a few minutes spared by mother when he is in the play pen, some play with father. Two-year-old children do not, as a rule, play with each other, in the sense of co-operating, but it is still valuable for them to benefit by association with other children. They learn from example and gain from the social relationships. Children of this age and older need playmates of approximately their own age.

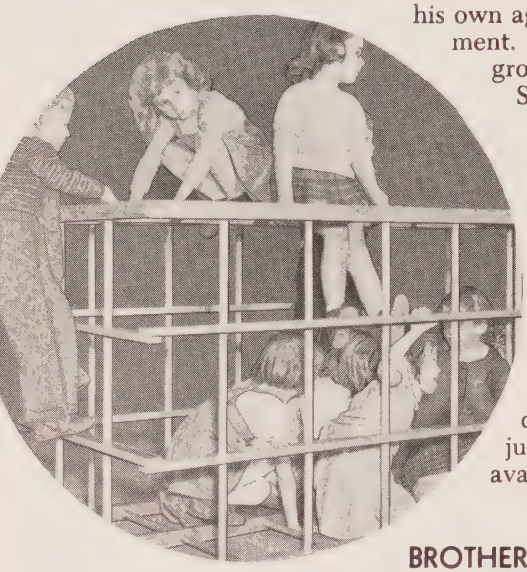
If you can't find such playmates for your child, the next best thing is to provide him with more materials suited for his stage of development. And give him more of your own time to share play activities with him.

Perhaps the only children around to play with your youngster are older than he. Then you'll probably be hearing complaints that he's being picked on. If this sort of thing goes too far, you're quite justified in interfering. Here, part of the trouble lies in the fact that the younger child tires more quickly than the older ones. You may have trouble in getting him into the house while the others are still playing, and he'll likely be quite irritable about the whole thing. One solution is to provide play space and play materials in your own yard, if possible.

Your child's playmates may be younger than he. Then there is danger of his returning to earlier, more babyish ways of behaving. Of course, if a child is advanced for his age, he will be more interested in the activities of older children. If he is also physically big for his age it will be easier for him to keep up with them, but it is more likely that he'll be more awkward than they as he cannot manage his muscles as well.

NURSERY SCHOOLS

Nursery school, to which children can go at age two or three, is a great help in such situations as those just described. There the child can have companionship of others of his own age or of his own degree of development. He can learn through being in a group with others.



Such schools have been started in many centres in Canada through the initiative of groups of parents. The school consists usually of 20 or 30 children in the age group from two to four. It is highly important that the person in charge of such a group be a trained worker with preschool children and that she have sufficient help. Both indoor space with playroom and washrooms, and outdoor space with swings, sandpile, jungle gym, and so on, should be available.

BROTHERS AND SISTERS

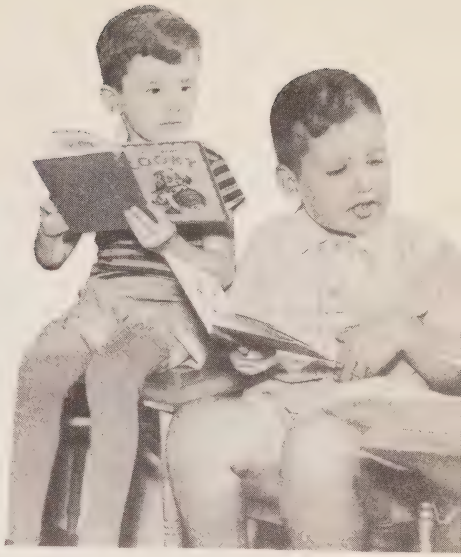
The relationship between the children in the family is frequently a source of concern to the parents. This relationship is not very often all the sweetness and light that used to be considered the ideal. Usually there's considerable squabbling because they haven't learned yet the need of give-and-take in this business of living.

Certain situations often lead to such quarrels. If the older child has the younger one tagging along because he has to be "looked after," resentment may grow on both sides. Another condition often leading to trouble is when a child's possessions get mixed up with his brothers' and sisters'. It's desirable for each child to have a place for his toys and books, and this place should not be interfered with by the other children.

It's good for your child to have friends outside the family. He shouldn't be expected to be satisfied with his brothers and sisters as playmates all the time; they are usually too much older or younger than he.

STORIES

Reading and telling stories to a youngster are among the chief joys of childhood—and parenthood. Your child gets a lot



of satisfaction out of it. He keeps asking you for "a story." It's important in promoting the friendliness between your child and yourself and means a lot to his emotional good health.

Telling stories to a child is something that scares off many parents—until they've tried it. Then it becomes quite easy. A child is always interested in what he himself or his playmates or other little children did or might be imagined to do. Stories about what you did when you were a child are fascinating to him.

Up to about two years of age, picture books and nursery rhymes, such as Mother Goose, are enjoyed. After that, your child enjoys being read to, especially if the stories are about little children and there is much repetition of phrases in the stories. He'll call for the same story time after time.

As he gets a little older, his interest widens. Stories increase the youngster's supply of words as well as his store of knowledge. A child who has had some books of his own and has been read to at home usually starts school better prepared to tackle the business of learning to read.

The price of books is no guide to their value. Many inexpensive publications are much more suitable than costlier ones. You can expect a certain amount of hard use in a child's books but good care of books can be taught at an early age through encouragement and praise.

SONGS AND MUSIC

A little child loves things in rhythm. Music gives him a lot of satisfaction. He'll express this feeling for rhythm through his body as well as by his voice. The early lullabies his mother hums to him bring a ready response. Later he'll be interested in the simple tunes which any mother can sing.

Don't hesitate because you've "no voice for singing." It's the spirit of the thing rather than the purity of tone that interests him. The comradeship, the affection displayed in paying attention to your child—those are the important factors.

CHAPTER 15

Three-to-Six Asks Why

A SMALL child asks questions from morning 'til night. His growing intelligence prods him to try to find out about everything he is meeting in this strange world. Around three his questions show how deeply he is thinking. "What is lightning made of?" "Do animals talk to each other the way we do?" "Where does milk come from?" ". . . How?" . . . "Why?"

The child's questions can be amusing, irritating, embarrassing. No matter how a mother or father may *feel* about the question, an honest simple answer should be given. You will be adding to his information, enriching his mind and, most important, establishing a bond of confidence between your child and yourself. To brush children's questions impatiently aside may so discourage him that he will stop trying to find out new things. He may even carry this attitude toward learning all through his life.

Because of the parents' own childhood experiences with questions on "the facts of life," or death, and because of their own feelings on the subject, they are usually bothered when their children start wanting information. Very young, a child can sense that such questions are forbidden, that there are some things he can't freely talk over with his parents. Once a youngster is denied answers to his questions, he is bound to lose a lot of his confidence in his parents.

Parents of young children will find these tough questions easier if they prepare themselves to expect the questions and to answer them casually and briefly.

THE FACTS OF LIFE

Before two, a young child will likely have noticed that his mother and father are made differently, that there is a difference between girls and boys. Probably by three, if he hasn't got the idea that such questions are taboo, he will have asked where babies come from.

If parents realized how much of their child's future happiness depends upon his forming, right in the beginning, correct attitudes toward his own body and sex, they would not let their own embarrassment interfere. Because they were brought up in ignorance of the names of such body parts as the penis, scrotum, vulva and other terms to do with reproduction doesn't mean they can't use them now.

Children are entirely unselfconscious about their bodies. If a mother is careful not to interfere with the small child's natural exploring of his genitals, she can teach him the names of these organs as casually as she did his toe or his ear. The same would apply to a little girl.

It's well, in the early stages, perhaps before a child is two, to prepare him for the differences between boys and girls. It can be done quite naturally if it's possible to arrange for the little boy or girl to see a baby of the opposite sex having its bath. If your child is a boy you can tell him that little girls aren't supposed to have a penis but they do have a proper place to urinate (that matter will be his biggest concern at this stage). You can add that little girls are made differently so that they will grow up to be women like Aunt Mary and Mummy while he is meant to grow up to be a man like Daddy and big cousin John. If your child is a girl, she will need special reassurances that she wasn't born without something that should have been there. Tell her, too, that she was made that way so she would grow up to be a woman like Mummy and Aunt Jane.

Children who discover "the difference" without any preparation are apt to be quite alarmed, especially so if they can't freely talk things over with their parents. Little boys are apt to think that something happened to the little girl's penis and the same thing could happen to them. It's a frightening thought. Little girls for their part will view with awe the extra equipment provided for little boys. They are apt to feel that they were born defective or that they had one and something happened to it.

If children aren't allowed to satisfy their curiosity about their own bodies and those of the opposite sex, they will be confused and worried. Unacceptable behavior can result.

HANDLING THE SEX ORGANS

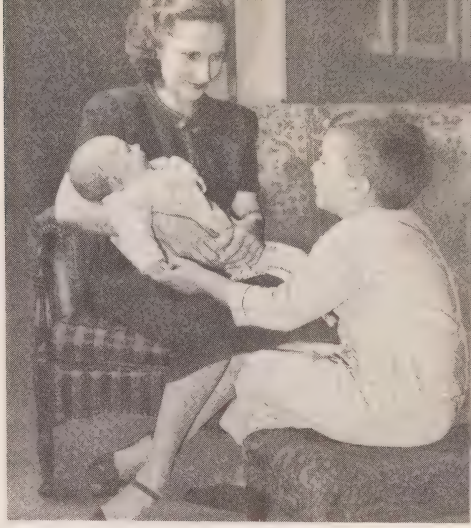
The greatest danger in handling the genitals is not in the actual handling of the organ itself *but* in the possibility that the child may be made to feel guilty about it. When parents take the child's hand away, slap him or threaten him with the dire things (not true!) that will happen to him, they build in a child an unwholesome attitude toward a part of himself.

A little tot explores and studies his genitals as thoroughly as he did his mouth, hands, feet. It's natural! To interfere, worries him but makes him more determined.

As the child grows older genital exploration may have a different meaning. A lot of worries may cause a child to absent-mindedly keep feeling himself. It may be that one parent is

seriously ill and the child is afraid. If a child's interest and curiosity in the differences between boys and girls have been repressed, he may handle himself unduly. If a boy or girl doesn't understand that boys and girls are *supposed* to be the way they are, they may keep holding their genitals: the boy because he is afraid that something may happen to his penis; the girl because she thinks something is wrong with her. Such children may want to undress other little children in order to see what has happened to them.

When the child is older he may discover that friction or rubbing of the genitals produces a pleasurable sensation (masturbation). Like thumb sucking, this will subside in the normal child as other interests develop. If unusual anxiety or anger is shown by the parents a new complication is added. This, rather than the masturbation itself, is what so often does psychological harm. Sometimes persistent masturbation means that the child is not getting on very well with other children. His worries, fears and unhappiness are making life unpleasant or unsatisfactory. In a way he runs away from life into the unreal world of day dreaming. Masturbation is then sometimes another symptom of this sort of retreat. Such children may need help from a child guidance clinic or a doctor who specializes in such emotional problems.



WHERE BABIES COME FROM

Once the mother (or father) is prepared to answer the child's question about where babies come from, she will find it a lot easier than she anticipated. The child's first question will likely be answered well enough for him by saying that a baby grows in a special place inside his mother. It is wise not to volunteer a lot of extra information. Wait until he asks "How does a baby get out of his mother." Then explain that there is a special opening for baby to come out and make it clear, too, that the opening is quite separate from the one for bowel movements and the one for urinating—this point will concern him.

A child will perhaps ask the same question several times because he forgets. Try to let the conversation be as natural as though the subject were something as readily talked about as food. Let *him* raise any point that bothers him because he has to think about each new piece of information awhile before it occurs to him that he needs to know a little more. Finally he wonders how the baby gets in the mother and he will be glad to know that his father has a part in this wonderful business. He can be told that the father puts his seed into the place where baby is to grow. As time goes on there will be lots of questions about the fascinating subject, details of the baby's development inside, why people get married before they have babies. If a child can freely ask questions and always get honest answers he will have great confidence in his parents. The relationship between the parents and child in such a family can be a very close one.

The cardinal rule is: Tell your child the truth, giving him enough information to answer his immediate question and in language that he can understand. Always use the correct names for bodily parts such as penis, vagina, testicles, ovaries. Also tell him such matters are best talked about only in the family circle.

THE CHILD WHO ASKS NO QUESTIONS

If a young child doesn't ask questions, it does not mean that he hasn't thought and worried about the subject. He has, plenty. Even if his parents didn't rebuke his early curiosity, he has somehow gathered the impression that the subject is taboo. Better late than never, but the parents will need to broach the subject. Many natural leads can be found, some relative or friend who is obviously going to have a baby, some activity in the animal world, or some indirect remark of the child himself. Where there is generally a friendly feeling in the family, once a child feels free, questions will come pouring out.

CHAPTER 16

Fears in the Three-to-Six

FEARS of all kinds are to be avoided like the plague. Fear is crushing in its effect upon the child's developing personality. If prolonged, it can cause much permanent damage.

If a child's mother is afraid of thunder storms, he is almost certain to be too. A mother may find she has a lot of unreasonable fears like fear of snakes, cats, deep water. If by logic, she can't talk herself out of them, she may find that airing them with one sympathetic person will help. Sometimes getting some factual information about the feared object can lessen the intensity of a person's feelings about it. Reading up on electric storms can be fascinating; about snakes, interesting. In many cases, fears of deep water have been cleared by the person learning to swim in a pool, coached by a skilled instructor. Whatever the fears, once discovered, the parents should consciously cover up and do everything possible to avoid burdening their children with them.

FEAR OF THE DARK

At bedtime as soon as he's alone in the dark, a child's fears and worries seem to "gang up" to come and threaten him. Often his fears have no shape at all. He doesn't know what he's afraid of, he is just plain "scared" and can't go to sleep. Other times the child's fears will masquerade themselves in some shape or character recently seen in the movies, read in a book, heard over the radio. It may be a burglar, a snake, a ghost, devils or some sinister character. Whatever form the child's fears assume, he can't be persuaded that there is nothing to be afraid of. Ridicule or stern

measures only make things harder for the child to bear. When a child is afraid to be alone in the dark with his feelings, he shows how badly he needs comfort, love and reassurances, not just at bedtime but during the day too. His self-confidence is suffering a setback. His parents would do well to let up on the reprimands for trivial misbehavior which can make him go around feeling guilty or like a failure. Battles over toilet training and eating should be halted. Perhaps if the father has been imposing strict discipline, he might soften up a little if he realized that his child will need much less "managing" under the encouragement of his father's affection and approval. Every child has many minor successes for which parents can praise him and so help build up his inner security.

FEARS BECAUSE OF WHAT HE SEES AND HEARS

This kind of fear frequently shows up in a child between the ages of three to five. His imagination is strong enough for him to be able to imagine how it can feel to be in someone else's place. Upon seeing or hearing about other people's injuries, deformities, troubles of any sort, he anxiously wonders if such things can happen to him.

Discussion about the family's worries and serious problems in front of the children is very disturbing to them. Indeed, any talk of trouble, in or out of the family, had better be discussed when young children are out of hearing.

Fear of death and questions about dying usually show up at this age. When a child asks these anxious questions, the mother will do well to add some cheerful hugs to her answers. To such questions she should say that she and Daddy are right here to look after him and cheerfully add that they will probably have years together. If the mother can be casual, it will do a lot to give the child the impression that the subject isn't too scary.

When he wants to know what happens when a person dies, there is no substitute for a direct answer. Following their own religious belief, the parents can, in reassuring words, answer the child's question, being careful to avoid frightening him. In addition it is well to tell the child what he can readily understand,

that when people die they don't walk or talk any more. Each child will pursue the subject differently. Parents are wise to try to encourage questions rather than discourage them by answering abruptly because *they* don't like the subject. His questions from time to time should always be met with honest answers and a cheerful bit of affection.

The child who is sure of himself, who isn't being "trained" too hard, neither punished too much nor crossly scolded, won't be much worried by these imagined fears.

FAMILY QUARRELS

A difficult situation for a child to endure and most damaging to his personality is that uneasy fear which comes from vaguely sensing a situation that he does not understand such as quarreling or hard feelings between the two people who mean most to him—his mother and father. The unhappiness which parents suffer cannot be successfully hidden from a child. He is bound to feel it and be affected by it.

CHILDREN ON PARADE

Parents are sometimes the cause of a kind of fear that, if they were conscious of what they were doing, they would be the last to bring it about. This fear is caused by their ambition for their child to shine. It's very hard on a child to be expected to be the "best." Some mothers aspire to have their child the tidiest, best-dressed or best-mannered, and they do a great deal of pushing to make him excel. Children who feel this pressure of living up to unnatural and impossible high standards of cleanliness, dress, speed, will not "show off" as their parents so ardently desire, but will show symptoms of fear; perhaps not in obvious ways. but in some "nervous" habits.

FEAR OF IMAGINED CRITICISM

Many families walk under the cloud of "what other people will think." Parents are forever talking and worrying about it. Their

fear of some unknown criticism can harm a child's growing confidence in himself. He can't develop sureness in his own judgment if he feels there is disapproval on every side. If parents can't free themselves of their own concern for "What will people think? they can, at least, try not to talk about it and not impose this hampering fear upon their children.

FEAR OF REAL CRITICISM

Many parents who don't impose punishment or treat their child harshly, do feel free to criticize him constantly. They seem to think that, unless they criticize all the child's clumsy efforts, he will not have the urge to improve and he won't grow up properly.

Criticism is actually a form of punishment and a devastating one. Criticism can make a child fearful and can destroy his self-confidence. Many parents needlessly hesitate to praise or admire their children for fear of making them conceited. Conceit is actually a "front" put up to conceal a child's lack of self-confidence. Children need to feel that their parents are always standing by, ready to appreciate and enjoy them. They will progress faster given the reassurance of actually being told now and then that they are wonderful children.

FEAR CAUSED BY PUNISHMENT

A child who cringes before his parents as a result of harsh or frequent punishment is anything but emotionally healthy. His days and nights will be full of fears. Lying and deception often get started when a child tries to protect himself against pain and humiliation.

HOW FEARS SHOW UP

Fears show up in a great variety of ways. Some are obvious, some hard to recognize; but fears will *always* show up somehow. A child under a tension of fears may be afraid of the dark, may even be afraid in the daytime to be alone in some part of the house; he may have nightmares, may start wetting the bed; he may suck his thumb, bite his nails or develop some facial twitching; he may be cruel to pets, may not play well with other children. He will probably be considered as a "nervous" child.

BED WETTING AND FEAR

This is rather a commonly found symptom in a child who is disturbed by fears. A child who regularly wets his bed after three, or who starts wetting himself day or night after having learned to keep dry, does so in almost every case for reasons beyond his control. All is not well in his world. He may be worrying because his parents aren't getting along or he may have a suspicion that his parents love another child in the family more than him. Anything that makes him lose confidence in himself can start him wetting the bed. He may be showing other symptoms of tension. He may be biting his nails, be easily excited, eating or sleeping poorly.

His parents' attitude toward the wetting is extremely important. To make him feel guilty can hurt his self-respect. Shaming should be avoided as one would avoid exposing him to a disease.

FEARS NEED TO BE UNDERSTOOD

All children have fears and worries which seem silly to adults but which are very real to them. The most harmful common fear is that their parents will cease loving and caring about them.

Children can only feel safe in the strange changing world about them if they always feel sure that even if they make mistakes, their father and mother will love them. Then they can feel sure their parents stand ready to help. Such security fosters self-reliance and stimulates better efforts.

There is a lot of difficult and unpleasant things to which a child must adapt himself in order to fit into life as it is today. It is very natural that sometimes a child can be pretty mad at the people who make him do so many seemingly unreasonable things. He may burst out in a tirade one minute then be quite sunny the next. He may call his mother, father or sister by the fiercest names he knows and a moment later be full of affection. This is healthy but it takes patience from adults. Parents should not fight back the way the sister or other children do. When another child returns his anger, it helps teach him to modify it. But when parents get angry, they make the child afraid.

"BLOWING OFF STEAM"

Sometimes intentionally, sometimes unknowingly, parents teach their children to believe that they are "bad" if they do not always talk "nicely," if they do not always behave "properly." Such parents make their children feel "bad" if they have anything but sweet, kind feelings. This burden of guilt can be disturbing to even a very young child because he is bound to feel resentment and be awfully angry occasionally. Even the most friendly, tactful parent has to stop a child doing some of the things he wants to do very badly. Perhaps it may be that a playmate lives across a busy street and he wants to be able to skip back and forth at will. It's too bad, but for his own safety he just can't be allowed that freedom. No mother is free to act as traffic officer as often as Junior would like. So when she turns him down, he explodes with his disappointment and resentment. He will tell her the kind of old "meanie" he thinks she is. If the mother is grownup enough to take it, such blowing off of steam is a good thing. It is when a child has to bottle up his hostile feelings that they hurt him. If he feels "bad" because he has such perfectly normal feelings, he will become frightened.

CHAPTER 17

Discipline and Punishment

ANY parent who wonders how he is doing as a parent can judge fairly well by the amount of discipline or punishment he feels it necessary to use in order to manage his child.

Many people view discipline as keeping the child well in hand; and punishment as being the necessary follow-up when discipline fails. Discipline, they feel, is to maintain fairly strictly high standards of cleanliness, tidiness, table manners, politeness and, above all, obedience. Then for wilfulness, carelessness, accidents, mistakes, lies, displays of temper, disobedience and so on, there is punishment "to fit the crime"—or the parents' feelings of anger. The punishment may be anything disagreeable. Still too widely used are "the good old fashioned spankings," strappings, slaps. Many parents who don't use physical violence, consider it quite all right to punish their children in other ways. They confiscate favorite toys, make deductions from allowances, cancel some promised treat or discontinue some of the pleasant, comforting routines, like reading. They put the child to bed and, in some cases, even hold back on his food. All this is usually carried out grimly by the parent who will only relent when the child is properly chastened.

To a child, punishment means simply that his parents are taking away their love. He may grovel back into their good graces but may never feel really secure. Sometimes he fears his parents may

stop loving him altogether. This fearful feeling will not improve his behavior.

It is unfortunate that many thoughtful parents or adults in charge of children feel that punishment must be applied for the child's own good. They really believe that, without it, children will not keep trying.

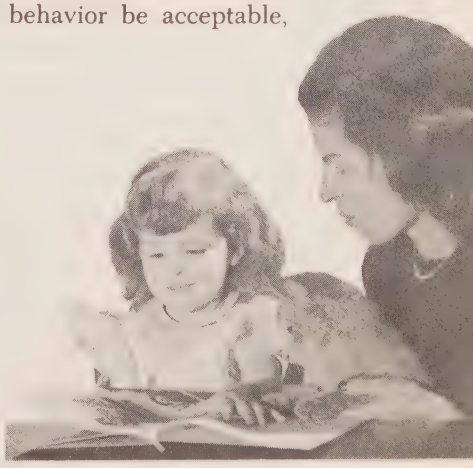
Emphasis needs to be placed upon constructive and preventive measures. Affection, understanding and a feeling of closeness between parents and child *can make punishment very seldom necessary.*

WHAT PUNISHMENT CAN DO

When a parent gets all in a dither about a child's table manners, his lack of politeness or about his not "being a little gentleman," the constant forewarnings and nagging put the youngster in such a state of mind that he will do worse than could reasonably be expected.

Criticism is really strong punishment. It can give children a hopeless feeling, fearing failure before trying. Such critical attitudes toward a child make him feel his parents can't love him very much; he can't help but think, too, that they are completely lacking in understanding and just too old to remember what it feels like to be a child.

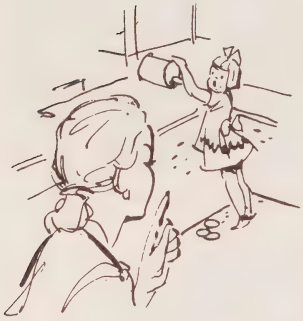
Punishments rarely fit the crime. In many a family, certain kinds of behavior like lying or stealing worry the father or mother while other misdemeanors are treated more casually. Along with this desire that his child's behavior be acceptable, one reason for the parent's concern is to be found in the parent's own feelings on the subject which are rooted back in his own childhood. To realize this is to be more reasonable and he will try to find out *why* his child steals or lies.



Sometimes, too, a parent will punish unreasonably the child's failure to achieve success in certain directions. Many a father is determined to make his son succeed in some cherished ambition where he himself has failed. His father's

stern disapproval will be more likely to make a total failure of the child.

Mothers, particularly, complain that their two-year-old or four-year-old is "so hard to manage" or she "can do nothing with him." Such complaints indicate that the parent feels she must be the big boss. When a child is bossed and punished for trying to develop a healthy independence and self-reliance, he has to react somehow. He may fight back by becoming an uncooperative, sullen personality or sit back listlessly and become a timid soul, probably for the rest of his life.



Inconsistencies in parents confuse and disturb a child. When tired or worried, without thinking, a parent may punish unreasonably some misdeed which ordinarily he would overlook. So the child has the uncertain feeling of not knowing what to expect.

But to assume blissfully that all parents can easily assume a relaxed and loving attitude to their child no matter what silly or destructive mischief they are up to, is to be unrealistic. True, the emphasis and the point of view should be positive, constructive and encouraging. But every normal parent has felt the exasperation, disappointment and frustration that comes with the realization that his children are something less than perfect.

WHEN YOU LOSE YOUR TEMPER

Let's face the facts! You are going to lose your temper sometimes. You are going to stop loving the young scamp—for a minute or two anyway. Then what? Counting up to ten or rushing to the cellar to break up some kindling would help some, perhaps. But sooner or later every parent will "hit the ceiling." After all, parents have rights in this regard just as children do! Then, there may be physical violence, a slap, a spanking. When this happens, let there be no sudden and sentimental remorse. Let the child recover from the shock by himself as well as he can. Afterwards, when you both feel better, is the time to talk it over. When tempers are controlled or repressed, the antagonism may be sensed rather than felt by the child and, of course, this *can* do more harm than the more violent but quickly subsiding parental temper tantrum. Especially is this so when the antagon-

ism and hostility in the parent persist for some time.

If you are able to control yourself over your child's unacceptable conduct, then some of the more conventional methods of dealing with him are possible. Banishing the child to his room does not indicate that you no longer love him. But keep the door open. And, if he won't stay there, you may have to sit with him while he thinks about his behavior for a bit. The main idea is to help him learn what he must not do, *not* to get him to acknowledge that he was bad or that he is ashamed of himself and sorry. Lip-service to the notion of being sorry and "I'll never do it again, Mummy" come all too easily. So, in order to help the child learn, there must be some impressive consequences of his mistake. Taking away his favorite toy for an hour or a day can help, *if the emotional setting is right.*

By no means, however, should the child be sent to bed or go without a meal as punishment. These are too important aspects of his health routine to muddy the picture by identifying them in the child's mind with punishment.

THE BURNING ISSUE

Punishment need not be the burning issue that it is today if parents started right at the beginning to give their children lots of love and encouragement. It helps if parents understand how and when a child learns, if they realized how hard he works at learning, how anxious he is to please and how, if there's love, he wants to grow to be like his parents. Knowing what to expect, parents can relax and let their child grow naturally, happily, painlessly.

A happy child won't give his parents much trouble and, without any punishments or threats, he will keep progressing. Under such conditions, parents can be *sure* they are doing all right as parents.

IMAGINATION

Perhaps well before two years, a child starts a lot of pretending and imaginings. He pretends to feed his dolls, fills his little trucks with imaginary gas, pretends he is a little rabbit, that his bed is an aeroplane. The airy imaginings of a little child are a good thing. They enrich his play.

It takes some years before he can get the real sorted out from the unreal. Not only is his imagination vivid but the world is full of the strangest things—you push a button and a room is flooded with light. As long as a child has plenty of interesting things to do, other children to play with and lots of warm affection from his parents, there is no danger that his imagination will run away with him. Adults should take casually his adventures into fantasy even if occasionally he sounds as though he believed them.

However, there is something amiss if a child continually lives in his imagination, isn't sociable and friendly. While many children find temporary interest and comfort in imaginary companions, such a child may invent one he talks to and turn to in preference to real companions.

If a child's parents are too demanding, show too much disapproval and if they are undemonstrative, he may use his day dreams to try to give himself the kind of friendly companionship he so badly needs.

In some cases the child may invent a wicked character upon whom he can heap the blame for the "bad" things he does himself (or would like to do). Such a child simply can't take all the disapproval adults are showing. His misdeeds and resentments are too much of a burden for him to carry alone.

At such signs of excessive imaginings parents would do well to soften the demands upon their child. The youngster's life must be made more satisfying—more demonstrations of fondness and approval, interesting things to do, children to play with. Your child must learn to live in a world of reality, not of fancy.

TELLING LIES

Because it's hard for parents to enter into the world of a little child, they sometimes deal unwisely with his fancies, even calling them lies. They may be disturbed to hear their four-year-old tell a friend he has "hundreds and thousands of dollars" in his bank. They don't understand that to a child of four, explanations as to coin values mean nothing. To him one coin is practically as good as another and his idea of quantity is vague. Accuracy is learned slowly as the child deals with real things and understands what they mean.

A mother can help a young child gradually learn to distinguish the real from the unreal in many little ways. Perhaps one day while washing up for lunch he may be full of his pretendings. When he finishes his talk she might say, "That was wonderful make-believe. Now I'll tell you something I really did this morning." Then she could describe making a batch of cookies and lead him off to lunch and the cookies. Also when reading to the child, she can point out which stories are "made up" and which are about things that actually happened.

THOSE TALL TALES

When a child is around five or six, he may come home with some pretty tall tales or talk big to impress other children. When a child does this, it isn't telling lies to deceive in an adult sense; it's simply that somehow his natural desires to feel important are being denied. So he makes up some startling stories to get attention. Being hungry for attention is no more wrong than being hungry for food. Parents should not hesitate to take care of a child's appetite for attention any more than one for food.

Adults do not always tell the blunt truth. "Being tactful" is what they call their little "white lies." A mother who may demand strict honesty of her little Johnny wouldn't for one moment consider telling Aunt Martha what she really thinks of the aunt's new hat. Children, too, have good reasons for trying to cover up. The harsher the handling of children, the more they will be forced to lie in an effort to protect themselves from punishment or criticism—either of which is hard to take.

If a parent finds his child is lying to him, it would be well to try to understand the reasons for his youngster being unable to tell the truth. The real problem is not with the lies, but the "whys.

CHAPTER 18

Handicapped Children and Broken Homes

A CHILD who is born with some handicap, either physical or mental, needs to be treated as much as possible like an ordinary child. He needs to be loved, allowed to develop independence and self-confidence. How he looks upon his handicap will depend upon his parents' attitudes towards it.

As soon as parents are aware of the child's condition, medical advice should be sought and followed. Parents need to try to accept whatever limitations seem to be permanent.

Somehow parents often feel guilty for the child's condition. They worry and fret, trying to hide the child's defect from friends and attempting anything that promises a cure. Such a course hurts the whole family and the child particularly.

The best thing is to try to make life as pleasant as possible for the handicapped child and the rest of the family. Treat him in the same friendly way you do the rest. Take him about with you. If he gets around right from the start, the staring of people won't bother him. To be overprotective or pitying will only further handicap the condition he must carry through life. Where his difference is minor, birthmark, missing fingers, toes or such, he should be expected to fit into the family life the same as the other children. Extra concessions or shielding only point up the differences between him and the others. Self-confidence must be encouraged.

Where the affliction is more serious—early deafness, blindness, major deformities—parents should start as soon as possible to have the child given all the special training provided by the community services for seriously handicapped children. Life can be interesting for them and they can develop into cheerful useful people. Such children need the companionship of other children too.

MENTAL BACKWARDNESS

If a baby is not doing a number of the things the average baby is doing, it is well to consult a doctor. If it becomes evident that the baby is born mentally slower than average, parents face a situation requiring special consideration. If the child is very backward mentally, it may be advisable to have it cared for outside the home, especially if it requires so much care that the mother cannot look after the other children.

Where the child is only "slower" than average, the family can help him be a happy, friendly useful person if they accommodate themselves to his slower pace of learning. He needs love and all kinds of encouragement for all his slower, clumsier actions. He needs to play with other children. He will be able to get along with them surprisingly well if he has understanding and affection at home.

If, however, parents won't accept a child's slower pace and try to force him along just to show he is as bright as the rest, they can ruin his chances of ever being happy or useful. He will become so disturbed he won't be able to develop nearly as far as he is capable. He may turn out to be a disagreeable and sullen person. For detailed advice on the home care and training of the backward child write to your local health unit or provincial health department for the booklet "The Backward Child."

THE WORKING MOTHER

A young child needs the loving, doting, individual care of his mother until he is old enough for school. Even then he needs her on the "home base" after school is out.

Mother's going out to work is not as a rule to the child's best interest. It is far better for the family to manage, if possible, without the mother's earnings. When both parents are rushing off to jobs every morning and returning tired at night, family life is anything but smooth and comfortable. However, a family may find itself in the position where it is necessary for the mother to go out to work.

Where mothers do leave their children all day it is well if the same warm, patient, understanding person takes over every day. She should be someone who can love the child rather than be just a good housekeeper.

There are cases where a mother doesn't need to work to support the family but where she has interests or a profession which she is anxious to maintain. To such a person, giving up all her former activities to stay home and care for her child might be too disturbing. If she can make ideal arrangements for her child's care and if she can manage some regular, carefree time with him, she will likely be a happier, better mother by continuing her profession.

THE BROKEN HOME

Homes may be broken for a number of reasons. The parents may be separated; the father may have to be away for a long time, years perhaps; the father or mother may be dead.

A child really needs two parents, but where he just doesn't have two, the situation can be patched up here and there. One loving, cheerful parent can do a fairly good job of carrying on alone.

IF IT'S SEPARATION

When the parents reach the point where they can't get along together, it's wise to make one last effort. The matter might be talked over with someone who specializes in discussing family problems—a doctor, clergyman or a social agency. Sometimes when such parents have an objective discussion with some

neutral person, it's possible for each to see a bit of the other's point of view and manage to try giving in a little. Where both parents warmly love their children, breaking up the home can be pretty unsatisfactory all around.

However, continual quarrelling or hard feelings can be exceedingly damaging to the children. If parents must make a break, it's wiser to prepare the children ahead and to make arrangements that give the children all the consideration possible.

It is difficult, where parents are angry and hurt, not to drag the children into the quarrels in order to have them take sides. If parents can be grownup about the matter, they will explain to the children that mother and father just can't manage to get along together and they both feel it will be better to live apart. Even if one parent seems obviously to blame, it is well not to destroy the child's love for that parent. He *needs* to think well of both parents even if they live apart. His love for the injured parent will be greater in the long run if he isn't forced to take sides.

THE FATHERLESS HOME

If the father dies, the mother is faced with the task of making family life as normal as possible. She should not dedicate all her life to her family. Contact with her friends and some outside interests will help her to be more cheerful with the children.

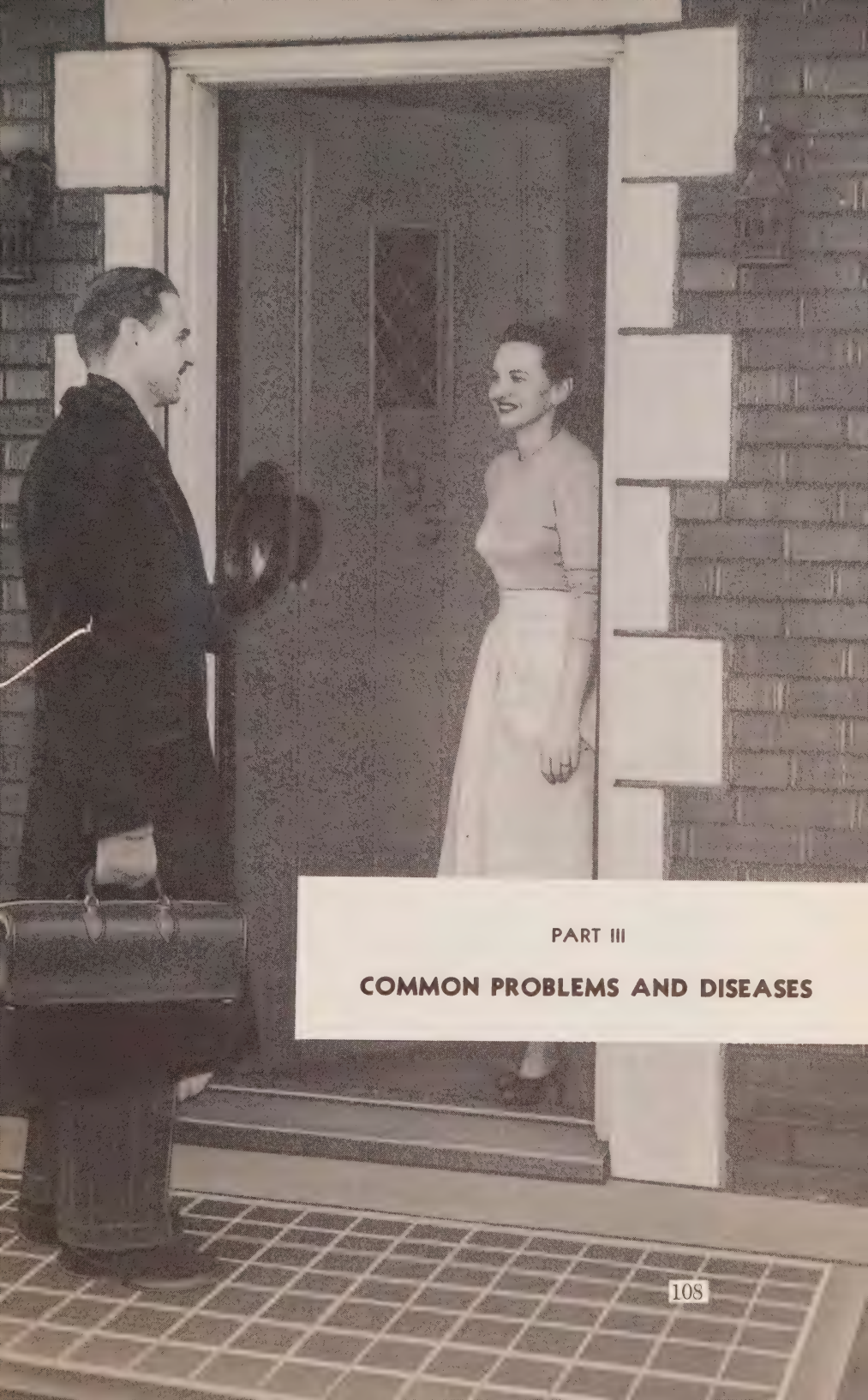
Particularly after her children are two years old, whether boy or girl, they should have some companionship with friendly men. Perhaps fairly frequent visits with relatives could be arranged so that the children can have some rough-tumble masculine play, as well as a little praise and encouragement from a man's point of view. For a boy or girl it's a good thing to look for a playground, camp or school where there are men instructors. A mother bringing up her children alone will need to plan to bring them into contact with pleasant men as often as possible.

WHEN FATHER IS ABSENT

The father who has to be absent from home for long periods needs to be kept closely in touch with his growing family. Letters should be as frequent as the mother can manage and carry detailed descriptions of all the little things the children are doing and saying. Snapshots, good and bad, should be sent off regularly. There are lots of things he can be consulted about. Frequent news of him and what he thinks can keep the children acquainted with their father while he's away. In the meantime, the mother would do well to have some friendly man, perhaps an uncle, give the children time as regularly as possible.

THE MOTHERLESS HOME

If, for any reason, a father has to care for his children alone, remaining in the family home and getting some friendly person who is kindly and patient to take care of his children is better for them than breaking up the family. Perhaps the person who cares for them could be a relative, but better a stranger who is affectionate than a relative who is a cold, fussy person. The father's love and approval is especially necessary for the motherless children. It is important that he spend some time with them every day, perhaps before bedtime, then he can tuck them in himself. During holidays they can have wonderful companionable times together. While they are little, motherless children need their father more than ever and if possible should not be sent away from him.



PART III

COMMON PROBLEMS AND DISEASES

CHAPTER 19

Feeding Troubles

How can I teach my child proper feeding habits?

Finding the right answer to this questions can save mothers endless trouble and annoyance. Proper feeding habits should be established at an early age and guided carefully and patiently as the child passes through various stages of his growth.

Since his first year of life represented a period of rapid growth, his food demands were great and his appetite usually keen. During the second year, growth is slower and food requirement not so great. Further, the year-old infant is becoming choosy and developing definite likes and dislikes in food. Trouble may be looming for the unwary mother!

NEVER FORCE A CHILD TO EAT

To insist upon a child eating something he obviously dislikes is a sure way of provoking an obstinate feeding problem. To feed such a child forcibly is inviting trouble. Never force a child

to eat! Children, like adults, don't always want the same amount of food every day. Nor do they like being served the same food, prepared the same way, day in and day out. If your child spurns beans and carrots, substitute peas, greens, squash or beets, offering every now and then small portions of the beans or carrots along with them. And there are many ways of serving those carrots: shredded, cut in ribbons, diced or offered whole; they may be boiled, steamed or in a thin milk sauce. A sprinkle of salt could mean the difference between smiles and pouts. Milk refused from the cup may be acceptable in the form of cream soups or milk puddings.

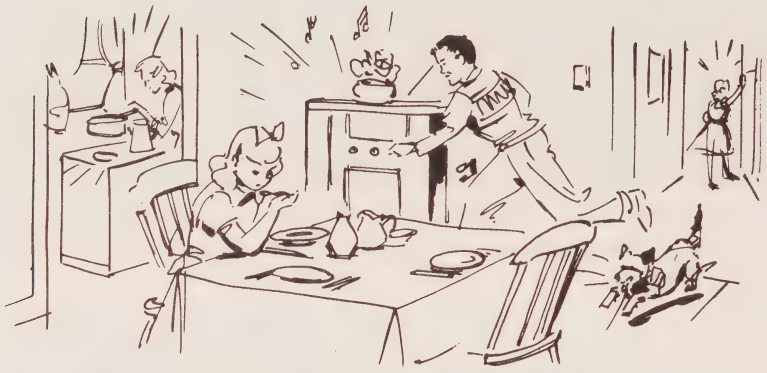
As your child's interest in things about him increases, so does his interest in food become more critical. Attractive dishes and cups always help a meal. Variety in foods, and in their preparation, stimulates appetite.

So if your child doesn't finish his milk, or refuses some portion of the solid foods on his plate, avoid playing the role of the overzealous, ardent parent who runs the gamut from pleas and bribes to threat and force. Such a child quickly learns that to refuse food makes him the centre of attraction, the star actor in a melodrama of frayed nerves. He'll seek many, many repeat performances!

THERE'S A REASON

If your child has a poor appetite and shows no interest in foods, be assured there's a good reason for it. Find it! It may be a monotonous, uninteresting diet. It may arise from certain physical reasons which require a doctor's attention: the onset of a cold or infection; diseased tonsils and adenoids, decayed teeth or constipation. Again, bedlam in a home with the radio blasting constantly, bickering and nagging and distraction at mealtime from many sources produce poor appetite and bad feeding habits.

Children are born mimics. If Dad is a finicky and picky eater, and Auntie dunks her food because of ill-fitting false teeth and big



brother demands special dishes—well, who's to blame the little one for poor feeding habits?

Catering to your child's dietary whims with little or no thought given to balancing his nutritional daily needs may ultimately result in serious illnesses such as rickets, scurvy, anaemia or nervousness and retard his growth. Learn your child's requirements in food, then make sure he gets them.

Another difficulty often encountered arises from the fact that a young infant instinctively puts his hand to his mouth and this habit continues until all twenty teeth have appeared. Some children eat everything, as a result of this practice, including dirt, polish, hair, string, plaster and paint. Discourage this by transferring your child's attention to some interesting plaything. It may be necessary to seek professional aid.

But I still have trouble! cries the mother who has followed all the rules, correcting and eliminating the causes—and her child remains an obstinate feeding problem.

IT TAKES TIME

The first thing to remember is that this problem did not develop overnight and consequently will not be corrected immediately. The second thing to remember is that eating is a basic instinct. Despite the seeming confusion of the moment, your child will not deliberately starve himself for an indefinite period. And finally the parent shouldn't panic because the child doesn't react at once to correction.

Once you've begun a corrective program of proper feeding habits, carry it through firmly and logically and do it in a way that your child doesn't feel he is being disciplined.

Offer small portions of tasty and attractively prepared foods to your child at the regular mealtime. Make certain he doesn't receive snacks between meals. Allow a reasonable time (20 to 30 minutes) at each feeding and, at the end of this period, even though a crumb may not have been eaten, remove all the food from the table. It is most important that no comments be made, and that your child does not suspect any worry on the part of the parents.

During this corrective period make sure that the child drinks plenty of water or dilute fruit juices. A period of two days (48 hours) is usually the maximum period of corrective training required to achieve the necessary results. Beyond that, your doctor's care is advised.

CHAPTER 20

Bed Wetting

By the age of four, most children have good bladder control and will not wet the bed. But some children at this age have not yet learned the "dry habit" and the parents are faced with the problem of the bed wetting child. Normally it's not hard to correct if the proper steps are taken. The child of four who is a bed wetter needs your understanding help.

Wetting, when it occurs in a child of four or over, is usually at night. It may happen only once during the night or three or four times. Some wet their clothes during the day, usually when excited and busy over their games, especially on a cold, damp day.

If a school-age child wets himself by day, the most usual time is in the play hours, at recess, during noon hour and in the

after-school period—rarely during school hours. He may not have realized the need to urinate until it was too late to reach a toilet. Such a child should come home from school and go to the toilet before going out to play and perhaps be made to play near home for a few days so he can reach a toilet when necessary.

WHAT MAKES YOUR CHILD DO IT?

A child may wet his bed for one or more of a number of reasons. The first step in tackling the problem is to find out what is causing the trouble. Here are some of the most common physical causes a doctor will look for:

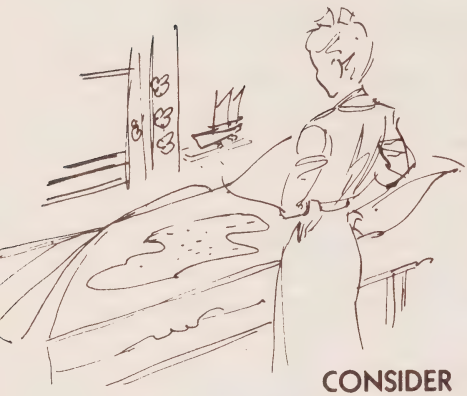
A tight foreskin; a foreskin that is too long; irritation of the outer sex parts in a girl; urine causing irritation because it's too strongly acid or ammoniacal; rough or tight underclothing; pin worms; infections in the bladder, kidney or other parts of the urinary tract; deformities in that region.

Foods could well be a contributing agent. Some diets are too rich in salts and minerals. Spicy foods like pickles, relishes, meat sauces sometimes irritate the urinary system. And don't forget that chronic infections in the tonsils, adenoids, sinuses, teeth, appendix and lower bowel are sometimes to blame.

So if you treat your child's bed wetting as just "a bad habit" when one of the above factors is to blame, you are being unfair to the youngster. You will be making a very grave mistake that will nearly always make the problem worse, often to the point that the bed wetting habit continues long after the original cause has been taken away.

But, you say, you've checked off the above list and none applies to your child. Yet, he still wets his bed! Then you've got to seek other causes. His habit may have been set up in a number of ways. This time, instead of checking your child, check yourself! Your training of the child may have been faulty. This is a very common source of the trouble. *As a matter of fact, only a small percentage of bed wetters owe their*

trouble to physical reasons. Most cases are due to faulty training. Some parents tend to become a bit careless and say, "Oh, he'll outgrow the habit some day." Or they're too indulgent and take the attitude that their child is too delicate to be trained, or excuse him by saying he has a weak bladder (or weak kidneys) and can't help it.



Sometimes a child will get his habit during a lengthy illness when he's kept in bed for long periods. And what about it when the child wants to go during the night but the toilet is too far away, in the cellar or back yard? Or on cold winter nights he doesn't care to go out, his parents don't expect him to, and so he wets the bed?

CONSIDER THE CHILD'S FEELINGS

Have you ever thought how the bed wetting child feels about it? After all, it's *his* problem! His habit can have serious effects on his future so that long after the bed wetting is outgrown, the harm to his character remains. It may happen in this way: If he's conscientious he may develop a feeling of utter hopelessness, lying awake for hours, fearing to go to sleep and wet himself. Shame and lack of self-confidence may drive him into seclusion and he won't want to play with the other children. The belief he has a weak bladder could convince him, wrongly, that he is a sick child.

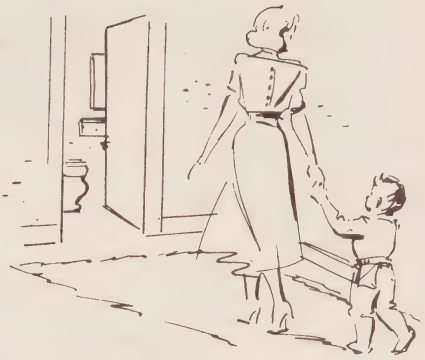
If you punish or scold him he may develop a guilty feeling that he is "bad" and it is possible for him to mope over it so that his personality and his school studies suffer. Such a situation is likely to make him very unhappy and irritable. He becomes a "difficult" child, hard to get along with.

HOW TO TREAT THE PROBLEM

From what we now know of bed wetting, it becomes plain at once that each case calls for careful study. The physical causes should be sought and corrected and the training of the child checked. If the child still doesn't gain the dry habit further steps should be taken in consultation with a doctor. Be sure

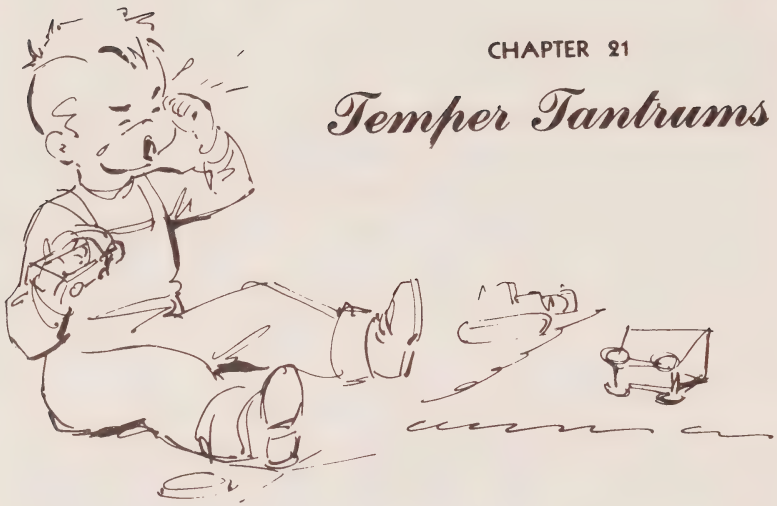
something isn't upsetting him emotionally. Family quarrels, expecting too much of the child in manners, neatness or immediate obedience, a change to a new neighborhood and a new school—any of these may be the cause.

A child should be helped to understand that he can be aided. Replace his feeling of helplessness, guilt and shame with self-confidence and optimism by encouraging him and letting him feel you are not finding fault with him. Correct his wrong impressions about weak kidneys and nervousness or any ideas he may have picked up about inheriting his trouble. Above all, the parent will know better than try to solve the problem by scolding, beating, shaming or bribing.



It will help to cut down his drinking of milk, water or other fluids for several hours before bedtime and to take him to the toilet before putting him to bed. The child will usually do his wetting at the same time each night. Find out this time and then try waking him up about half an hour earlier for a trip to the toilet. Make this a habit. And every time he does the right thing towards breaking his bed wetting, praise him.

In some cases a "gold star" chart helps build in the child a feeling of co-operation and enthusiasm. It gives him a picture of his successful progress in breaking his unfortunate habit and will hasten the time when he is at last free of this problem of bed wetting.



CHAPTER 21

Temper Tantrums

PARENTS are often suprised when their "little angel," of a year and a half or two years of age, begins to have temper spells. Before this they have usually discovered that small babies show stout wills of their own. What is called the "temper cry" means usually that the baby is hungry, or he is covered too tightly, or he is physically uncomfortable for any of a dozen reasons, and he is telling the world how he feels about it.

But there is a stage of development around two years of age, when the child is walking and talking, at which temper tantrums are especially common. At this age, even children who are usually placid will shatter the peace with angry outbursts.

What is happening is that your baby is becoming a person able to make his demands more clearly known. Physically he is able to get about more. He is demanding his right to explore his expanding world and to make a few decisions for himself. While he is a helpless baby we expect him to behave as such.

but when he begins to walk and talk we expect him suddenly to have almost as much self-control as an adult. The "go's" and "stops" are not easily combined at this age. "Go" is the dominant drive.

Anger and resistance are natural reactions to "stop" signs. It is important that parents limit their controls over the child to the most necessary ones. If you restrict him excessively, perhaps in order to suit the wishes of older members of the family, you

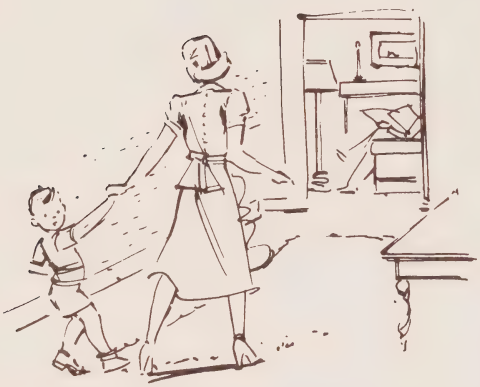
can expect not only outbursts of temper throughout the early years, but a feeling of frustration that may lead to difficulties later.

WHAT YOU SHOULD DO

When your child resists dressing, eating, or giving up some treasured object, two courses are open to you. One is to hold fast to your determination, thus creating even stronger resistance in him. The other way is to respect his resistance, to see the situation from his eyes, to try to appreciate and support his effort "to do it myself." If the job must be pushed through, a firm but friendly way of going about it is highly desirable. The resisting child can respect authority if it is not turned against him. To build a cooperative relationship with your child rather than an antagonistic one is the aim. It takes time, for the trial-and-error

ways of a small child are slow and fatiguing to an adult. There is no quick way out.

Even in the midst of a temper tantrum it is far better to take the child off to some quiet place with new objects of interest, not in isolation, but with an adult close by—an adult who is available and understanding. Security is what he lacks when he loses control of himself. Punishment only increases his feeling of insecurity.



Preventing temper spells is far better for all concerned than having to cure them. Hunger and fatigue make such outbursts more likely to happen—so be sure your child is getting enough sleep and having his meals on time. He has a strong need for play materials suited to his development and for the companionship of other children of his own age just as much as he needs the right kind of food. Repeating "Bad!" and "Naughty!" to your child is to be avoided.

HE NEEDS HIS ENERGY

The early temper spells disappear for a period of time, but usually reappear in bold fashion sometime during the four and five-year-old period. The temper tantrums of children, four, five, and six years of age can be most disturbing, causing the parent to wonder if his methods have been faulty or if he has a "problem child" on his hands. The new outbursts, following a period of more controlled behavior, are indications of new growth and are not a "back track." In this period parents tend to become exasperated and a more rigid control usually goes into force. "Surely by four and a half he should be able to put away his toys," a mother says. In fact, his new laziness and resistance and boldness stem from a hundred new interests and abilities that he has just grown into. From his point of view there isn't time to pick

up his toys. There isn't energy enough to dress himself. He needs his energy to explore these new interests.

Affectionate assistance for him at this age may prevent displays of temper and a feeling of hatred of his parents. It can help him to become more responsible, as a result of which he will voluntarily take hold of many responsibilities during his fifth and sixth years.

If his temper spell causes an outburst on your part, it will only increase his opposition. Give him plenty of attention at other times, reading to him, talking to him, and spending more time in his company. When it is obvious that he is trying to make you give in to his wishes by a temper spell, it may be advisable to isolate him for a few minutes. And don't worry if he yells, "I hate you!" He will get over this habit of talking back, because he will eventually copy his parents example of courtesy. He will learn to master his tongue also because he wants to be liked by his companions. It is possible to love and hate at the same time and it is better that your child express his hate. If you curb him sharply on this point he may become sullen.

THE CHILD WHO IS SULLEN

If your discipline is too repressive and if not enough love is shown to your child he may become afraid to show even mild anger and develop a sullen or downtrodden manner. The behavior of the sullen child is often overlooked as he is so quiet. He may not speak for hours if he has been denied something or he may mope alone in a corner.

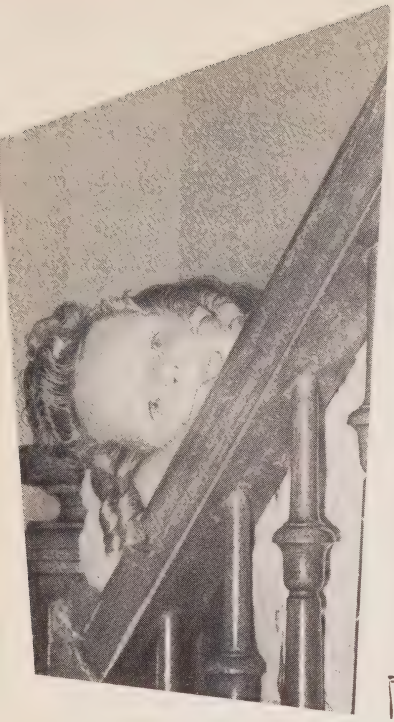
All this is highly undesirable if we are aiming at his growing up into a mentally healthy, happy adult who will get along reasonably well with others. A sullen child gets into trouble in

school because he has not learned to accept authority. An understanding teacher may help him. Or his entire school life may be one long struggle against discipline. Such a child needs more love, not less, for it is only on this basis that he can accept discipline. To meet his opposition with more force merely aggravates the situation and will not correct it.

SET A GOOD EXAMPLE

Prevent anger from becoming a serious handicap to your child. As an adult you can't afford to have a "hair trigger" temper exploding every time things go badly. Avoid this type of behavior in your child by setting a good example. See to it that he does not meet too many frustrations in early life. Be sure that his training and his opportunities are suited to his age level.

Anger is not something that you can eradicate from a child's nature but you can help him to manage it.



CHAPTER 22

Nervous Habits

THUMB SUCKING

In a baby less than a year old, thumb sucking often starts because he can polish off his bottle in half the normal time. Sucking is soothing, comforting. Since baby isn't getting enough sucking at mealtime, he does a bit extra on his thumb.

In a child over a year old, thumb sucking is something different. He is falling back on it for the comfort or satisfaction that is lacking in his daily life. He may be bored, afraid, jealous or worried by too much pressure to keep dry.

Any small child is apt to suck his thumb in off moments. But when it becomes a confirmed practice, something is amiss that it would be well to remedy.

A child is not likely to spend time sucking his thumb if he finds his home life happy and interesting. If he is forever being stopped during the exploring it's natural for him to do, he may sit back listlessly and suck his thumb. If he's bored and sucks his thumb, he will stop it when there is something better to do. Little children need a wide variety of playthings—paper, blunt scissors, modelling clay, blocks, paint, brushes, a doll, a wagon

and all sorts of simple things like string, painted cans, some old kitchen utensils.

Sometimes he sucks his thumb because he's hungry or tired. Earlier meals and bedtime will solve that one.

Occasionally, excessive thumb sucking affects the shape of the mouth causing protruding teeth whose correction means a long, costly process. Hence it is wise to see your doctor or dentist if the child's thumb sucking is frequent, prolonged and vigorous or if it persists up to the time of the appearance of the permanent teeth.

Examine the child's daily life for *causes* of thumb sucking and correct them. You just can't *force* him to stop the habit. And your disapproval may make him do it in secret with strong guilt feelings. Scolding, punishing, talking about it only keep his mind on the thumb sucking—you're not giving him much chance to forget about it in other interests.

Mechanical remedies—elbow cuffs, thumb guards and like devices—and bad tasting solutions shouldn't be used except on medical or dental advice.

The less interfering, the more love and understanding, the sooner the child will give up sucking his thumb.

NAIL BITING

Nail biting is another method a child uses to get relief from some pressure or anxiety too great for him. Picking the nose, twisting a strand of hair, biting the lips, are all "nervous" habits. Nail biting is the most frequent and the reason for it is typical of them all.

The tendency to bite and chew things after infancy is past is a common signal of stress. Nails are tough and insensitive and so lend themselves to biting. Once this biting has begun, the rough edges of the nail and the exposed nail bed tend to cause irritation and so strengthen the habit. Direct restraint such as bandages or splints *may* stop nail biting but *will* intensify the anxiety and strain which are the true cause of the difficulty. Nail biting is associated with nervous tension at any age—and the uneasiness causing it is often hard to discover.

The nail biting child usually presents a different picture than the thumb sucking child. The latter is likely to be outwardly calm while the nail biter is fidgety and active, unable to sit still.

One of the first steps in soothing a nail biter is to make his nails smooth and lessen the irritation by soaking them in something like olive oil. Scolding, punishing or putting something bitter on the nails won't stop him. He rarely knows he is biting them and he is so tense inside that he just *has* to do something.

Nail biting can show up when too much is being expected of the child and he's worried because he can't measure up. A child who is forced to be inactive too long, who hasn't enough running, climbing or free play, gets too tense. Too much excitement, nagging, punishing, bossing, can make a child jittery.

TWITCHING

Sudden movements that are repeated from time to time, the child being hardly aware of what he is doing—such as blinking of the eyes, twitching of the face, turning the head, and many others—are called tics or habit spasms. Sometimes these start from local irritations, such as a head cold or an ill-fitting collar or coat. But in every case there is some degree of emotional strain due to the youngster's inability to cope with some parts of his daily living. He may be a sensitive child to start with, and may feel strain in a situation that won't bother most children. It may be that too much is being required of him—more than he can perform easily—in the way of manners, neatness, school achievement.

A child who has twitchings should be examined by a doctor. It is important to discover if a physical factor, such as infection, is present, or if there is question of the child's daily routine or of emotional stress in the home or at school. The treatment will depend upon these findings.

NERVOUSNESS

Reference to a "nervous" child will have different meanings for different people: the over-active, easily excited child; the

thin, whining youngster who tires easily; the bed wetter, the thumb sucker; the nail biter; the twitcher, and so on.

Bed wetting, thumb sucking, nail biting and twitching have already been discussed. The child who is easily excited, or who tires quickly, does so in most cases from some other cause than disease or defect in his nervous system. Sometimes a physical condition such as malnutrition or chronic fatigue is to blame. Frequently it is based on the child's fears and worries (of which he may not even be aware) causing a stress.

While some of the child's fears and worries often seem foolish to adults, it should be remembered that they are very real to him. The fear of not being loved by the parents is probably the most common one and the child may develop it from many situations. The child who is expected to behave with adult manners, who is being brought up in an atmosphere of too strict discipline, will feel insecure in his parents' love.

A medical examination should be arranged for the child who is thought to be nervous. The doctor may advise taking him to a child guidance clinic or a mental health clinic where there are specialists on children's behavior. These clinics are available in the larger cities and traveling clinics serve the smaller centres. The mental health director at your province's parliament buildings can inform you where such clinics may be found. In any event, the parent should consider the kind of management he is using with such a child to be sure that it is not too demanding.

CHAPTER 23

Late Talking and Stuttering

LEARNING to talk is not a simple, easy matter, perfected suddenly and without much effort. But when a child wants or needs to talk he will usually succeed without too much difficulty. His "wanting" plays a very important part in acquiring this skill.

By the time they are a year old, most babies have begun to use at least a few sounds that mean something. There are, however, such great differences among normal children in this respect that many begin much later than this.

Wanting to talk may be a matter of so-called temperament. The quiet, observing baby may be so busy watching everything that goes on around him he may not begin to say much for some time. The sociable, friendly fellow who is early interested in people may want to talk to them soon.

If a tense mother is rigid and silent when caring for her child, he may be silent and aloof longer because he has missed that warm feeling and early example of ready, spontaneous happiness. But if a child is given everything he needs or wants before he has a chance to ask for it, there is less reason for him to talk early.

STILL MORE REASONS

Again, if the people around him are continually "at him,"—coaxing, urging, ordering him to talk before he is ready, showing their displeasure and disappointment when he fails to respond, he may feel uncomfortable and draw away from this thing he cannot yet do. He may build up a dislike and resistance that can be very difficult to break down.

When a child is active and interested in getting around—crawling, standing, walking, climbing early—his speech may wait or be temporarily slowed up until he gets to a certain stage in this business of locomotion. It's quite common for walking and talking to develop at different rates in a child.

Illness or serious undernourishment can interfere with a child's readiness in wanting to talk. Deafness may sometimes hold him back. In comparatively rare cases some physical defect in the speech organs may be the cause. And, of course, the child who is seriously retarded—who can't sit up, say, until he is two—will be very late in his talking.

It is well to remember though that bright children may be late talkers just because they don't need to, don't want to (perhaps because of other interests) or have been made actively resistant to the whole idea.

HE CAN BE HELPED

What can you do to help the late talker? First, try to free your mind of anxiety and tension. Take an easygoing view of his slowness in talking and you may never have to take any other

step. Think over the reasons mentioned above for late talking and ask yourself which ones may apply in his case.

Then the next step may be to "stand off"—let him set his own pace, watching for signs he may give of his readiness, meeting them with encouragement but not overdoing your effort even at this point.

Help him by setting easy examples: using simple, single words in a friendly but not too insistent manner. Remembering also that he is likely to imitate your speech, try to make it clear and distinct.

Reading to him simple, few-word books about the things he knows and sees and does may be a good way.

Make as many opportunities as you can for him to be with other children of about his own age where he will have to make his own way and can learn from their example.

Above all, don't make him self-conscious, just as he begins to get going nicely, by being too pleased, focusing too much attention on his efforts, asking him to show off his successes. You can quickly drive a child back to silence by such methods.

MISPRONUNCIATION

When a child does start to talk, he will mispronounce many words and only gradually perfect this skill.

Some mispronunciations are so common that they seem a matter of greater difficulty for the tongue or other part of the speech apparatus. Others, more individual, suggest some slight temporary clumsiness in the working of that particular child's speech equipment, or some other reason personal to him. "The less said the better" on the parents' part is a pretty safe rule to apply to early mispronunciations.

Exceptionally bright youngsters who talk early and try long and difficult words have been known to refuse speaking altogether for some time because of thoughtless laughter on the part of adults or attempts to correct every error by over-proud parents.

Do not over-correct or hurry the child at this stage. Listen instead, to what he has to say. Make him think it is important.

Children may cling to mispronunciations long after they are able to say the words correctly. In most cases it seems a matter of wanting, for some reason or other, to hold on or go back to the earlier way. "Baby talk" may be prolonged because a child feels that grownups like him to be that way: "cute", "cuddly" or "precious." A child may go back to it at some later occasion in his life when he is jealous of a younger brother or sister who is claiming more attention than he. Or he may feel he is not receiving his rightful share of notice and consider this the best way of getting it.

Another child may continue baby talk and mispronunciations

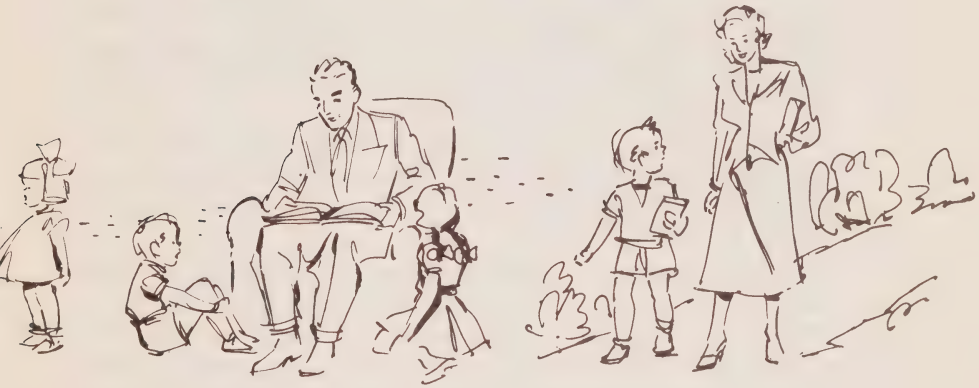
because it is the easier way. Help such a child by correcting him in a friendly, matter-of-fact way. Encourage him to feel that he *can* speak well, reminding him how much easier it will be for other children to understand him when he pronounces words the right way. Being cross, over-emphatic or disgusted can do a great deal of harm.

WHEN TO SEEK EXPERT ADVICE

The child of four, five, or six who speaks so poorly that other children cannot understand and may make fun of him is a

different matter. He is in a tough spot. Angry because he can't make himself understood, ashamed and maddened by ridicule, he is miserably unhappy. Expert advice should be sought without delay. Speech specialists are available now in some large Canadian cities—some in child guidance and hospital centres, others in the schools. If this help is available it should be used early as such speech defect is a big handicap to the youngster starting to school.

There is a small number of children whose speech defects are due to such physical conditions as harelip, cleft palate, tongue-tie, or other physical defects of the organs of speech. These require attention by a doctor and perhaps also a period of speech training after repair of the physical condition.



STUTTERING

Stuttering or stammering is the speech difficulty that makes a child hesitate and then try repeatedly to get out the sound or word he wants to use. He may repeat the first letter of a word several times, or a whole word, or may be so stuck no sound comes out.

Practically all children stutter or stammer at some time in learning to talk just as they stagger in their unsteadiness when learning to walk. If no fuss is made, no anxiety shown, they will normally get over this unsteadiness or unsureness in speech. This is what happens to most of the large number of two and

three-year-olds who stutter. Those who outgrow stuttering usually do so at an early age.

In some children this difficulty becomes a nervous habit. These children should have expert attention as soon as the habit shows itself to be persistent and pronounced. Speech specialists say that good results are most quickly obtained where they have a chance to work with the *young* child.

Such children are usually tense, more often boys than girls, and may belong to families where there are, or have been, other stutterers and where they may even be imitating such a speech behavior.

Sometimes trying to make a left-handed child use his right hand will start stuttering. Most people naturally prefer one hand. The part of the brain that controls this "preferred" hand is closely associated with the part that controls the speech. Changing may therefore upset the child. Similarly, children who are not strongly either right- or left-handed and who have some "left-right" confusion may begin to stutter in early school days.

Usually bright children, or late talkers whose ideas are ahead of their capacity to express them, may stutter.

Fear, anxiety, or strain of any kind may cause and aggravate stuttering. The two periods at which it is most common after the 2-3 age are when the child enters school and at adolescence —both times of big adjustments to life.

STEPS TOWARD CURE

To help the stutterer, tension of any kind should be relieved as much as possible and the atmosphere in which he lives should be kept calm, smooth-flowing and free of extremes of excitement.

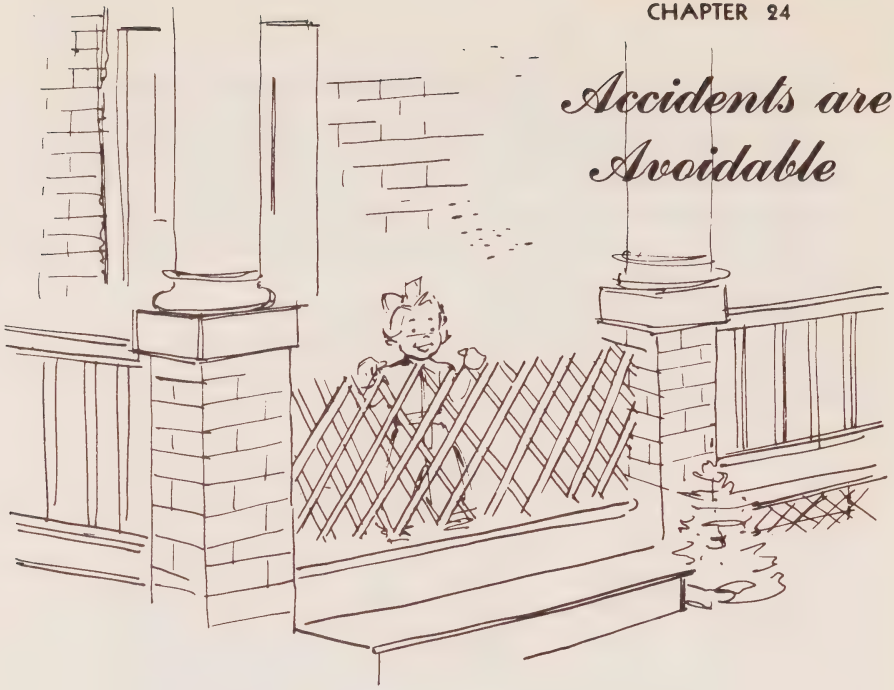
He should never be hurried in his attempts to express himself. Give him a chance to speak without interruption; listen with infinite patience and, as you wait, be sure no trace of pity—for him or for yourself—shows in your face. Sharpness in your speech or actions will also throw him off. Be sure that he is getting sufficient rest and see that any physical conditions, such as chronic infections, are cleared up.

Curing the confirmed or severe stutterer is not a quick or easy matter. It is well to prepare one's self for gradual progress over a lengthy period and not to be disheartened by relapses after things seem definitely to have been moving toward easier speech.

After checking on general health and daily routine and trying to trace and relieve specific fears or general uneasiness, there are some direct ways to help him strengthen his speech muscles. Blowing bubbles and balloons, whispering, singing are some of the things a speech specialist might suggest. They also help strengthen the child's self-confidence and make him feel that he is doing something to overcome this uncomfortable habit.

CHAPTER 24

Accidents are Avoidable



ACCIDENTS take a greater toll of lives among children than does any single disease. Most of these accidents occur inside the home, rather than outdoors, and the majority of them, from the minor ones to the fatalities, *can* be prevented.

The thoughtless, careless parent may pave the way and due to the natural curiosity of the child grief results only too frequently.

Keep matches, lighted cigarettes, cigarette and fire lighters well out of reach of your child. See that stoves, electric grates and open fire places are shielded from him. Verandah and garden gates should be securely locked, open windows and stairways screened, sharp instruments of any type kept in drawers where the child cannot get at them, and medicines and poisons placed under lock and key.

Your young child shouldn't be left alone in the house at any time. If you must leave your child at home have a responsible person (not another child!) left in charge.

When he is left alone, your child will instinctively try to enlarge his own little world of knowledge by prying and pulling, climbing and touching, imitating the things he has seen his parents do. He isn't being naughty—it's just his normal way of learning. But in these attempts to learn he must be protected

against the obvious hazards that could injure him seriously, if not cost his life.

All parents should be constantly on guard—allow your child experiences but under supervision. Accidents *can* be avoided!

BURNS AND SCALDS

Matches and cigarette lighters fascinate children; in fact, any kind of fire commands their rapt attention. Sight of a flame gives them a thrill, so this inherent reaction must be carefully watched until such a time when your child appreciates the true significance of stoves, furnaces, grates, fire places, matches and lighters.

Scalding water and cookery don't have quite the same lure as fire but children usually like to turn on taps and peek into pots and pans. Obviously, such curiosity on your child's part can lead to dangerous burns and scalds and for this reason you should take steps to protect him.

Tighten all the taps so that his little hands cannot turn them. Push pots, pans and buckets containing hot liquids out of reach of his prying hands and make sure that such containers on tables or stoves have their handles turned in, well away from his reach. Test bath water *always* before allowing your child to climb in.

Keep the danger of fire away from your home by fixing faulty or defective stoves, flues, chimneys, fireplaces, electric sockets and cords. If you use gas in your house, avoid rubber connections. They crack and break too readily. It is far better to have a metal pipe line because a leak can result in an explosion or asphyxiation.

Curtains that are being blown about by the wind, or carelessly placed paper and magazines can start a fire in a moment. Empty your ash trays into a metal container. A fire extinguisher, regularly tested to make sure it will always be in good working condition, is a wonderful protection against serious fires.

CUTS AND LACERATIONS

Scissors, razor blades, knives, workshop tools, ice picks and any other object around the house that has a sharp edge or dangerous point, should be kept in drawers when not being used.

Cut-out scissors, which are short and blunt, are safe for your child to play with if normally handled. But your child should

never be allowed to run with scissors of any kind. Broken glass, sharp garden tools, jagged nails, faulty playthings and toys often cause dangerous wounds to children in the way of punctures, wounds, tears or lacerations.

Your child's actions are often unpredictable—you can't be sure just what he's going to be doing in the next second. Excitement, haste, fear, and curiosity can make him do some very unexpected things, and too quickly for you to do anything in time. For that reason, all sharp or pointed objects should be kept well out of your child's reach whenever you, or some other adult person, aren't right at hand to supervise.

FOREIGN BODIES IN MOUTH, NOSE OR EARS

Your child loves to take small objects and stick them into his mouth, nose or ears. Often, they will disappear out of reach of the parent. The list of such items is almost endless: beans, peas, berries, nuts, buttons, pins, coins, beads, small toys or parts of toys. Any of these can be pushed out of sight in your child's body. Take care, then, when such articles are in your child's possession. It is advisable to account for them at all times. If that is not possible then the safe thing to do is keep them out of your child's reach.

FALLS

Young children put a lot of energy into their play. They push and pull, roll and climb, kick and jump with all the vigor of their little bodies. As a result there are bound to be many tumbles and falls in store for them.

Nature protects the child during these "experimental" years by making his body structure somewhat pliant. Bones are softer so they don't break so easily. His joints are looser and his muscles not so tight. Consequently, fractures and dislocations are not so common in young children unless there is a really severe blow or fall. But bumps and bruises do occur frequently.

To protect your child, see that the stairways are blocked, open

windows screened, ladders laid flat on the ground, and carpets and linoleum tacked down. If it's at all possible, provide your child with a proper play room where he has climbing, swinging and tumbling facilities for his use. Safe play apparatus and toys, whether used in the house or outdoors, give the child plenty of chances to develop both his body and mind—and at the same time protect him from many accidents because he is busy at safe play and has no time for dangerous explorations.

POISONS

Many common household remedies and disinfectants are poisonous when taken internally. Tincture of iodine, mercurochrome, lysol, boracic acid, carbolic acid, lye, ammonia, I.Q. & S. pills (iron, quinine and strychnine) are all dangerous in this respect and can be fatal to your child. All these and other such items should be *locked* in the medicine cupboard.

Bleaching powders, D.D.T., insect sprays, mothballs and insecticides, cleaning fluids, cigarette lighter fluid, gasoline, coal oil and kerosene have resulted in fatalities to children. Keep them out of reach of your child.

Poisonous fumes from a defective stove, furnace, chimney, fireplace or gas grate have taken a tragic toll of young lives. Have these burners carefully inspected from time to time to ensure their safety. Keep bedrooms well ventilated because many of these deadly fumes have no odor to give a warning.

Gasoline engines, motor cars and tractors should never be left running in a closed room or garage.

Lead paint on toys, cribs or furniture can result in lead poisoning when chewed and swallowed by your child and they can kill him. Vegetable paints are a safeguard against such accidents.

STREET ACCIDENTS

Thousands of children are killed or injured every year by automobiles. Many of these accidents are the fault of the driver

but most of them are caused by children's carelessness—a child running out into the street from behind a parked car to retrieve his ball, is a common example.

Tricycles, carts, wagons and scooters are very dangerous under a child's care out on the street. Unless a responsible person is at hand to keep careful watch on him, he shouldn't be permitted to roam about in such exposed areas.

CHAPTER 25

Your Child's Teeth

THE period in your child's life from one to six is the most important insofar as the development of good permanent teeth is concerned. It is also a vital period for the protection of his foundation or baby teeth which were being formed even before his birth and which are all completed and in place in his mouth before he reaches three. His permanent teeth begin their calcification (hardening) shortly after birth. The enamel of all their crowns, except that of the third molars (wisdom teeth), is complete by the end of the eighth year. Their roots are completed later, after the teeth appear in his mouth.

During their development, teeth are very sensitive to changes in the supply of calcium but this doesn't hold for completed, erupted teeth. Unlike the bones, the teeth cannot have their calcium withdrawn. Also, once they are completed, calcium can't be added to the enamel by increasing the amount of calcium in the diet. Even the completed parts of the enamel of the unerupted permanent teeth cannot be affected by diet.

DIET

The food rules laid down previously should be closely followed. Calcium, phosphorus, and vitamins A, C and D (cod-liver oil) are the food factors which play the main part in tooth development. Other foods referred to in other parts of this book are necessary to assure healthy bone and gums. Coarse, fibrous foods such as firm raw fruits and vegetables play an important part in the development of the jaws to provide ample room and support for the teeth, and they have a good cleansing action. Sweets are known to be a cause of tooth decay.

FOUNDATION (FIRST) TEETH

It is essential for your child to retain his foundation teeth and to keep them clean and in good repair until they are ready to be shed in the natural way. Following are some good reasons for their preservation:

1. *For chewing food efficiently and comfortably.* Chewing the food to prepare it for digestion is important to the adult; it is doubly important to your child, for he has not only to replace tissue which his body wears out during his daily activities but must also provide material for his new daily growth. Many food dislikes are acquired by children, and much insufficiently chewed food is swallowed, because of their inability to chew comfortably or well on decayed, abscessed, painful teeth.

The loss, or the breaking down through decay, of just one baby molar decreases by almost *one-third* the grinding efficiency of a child's first set of teeth. This is because each tooth has not one but *two* working partners in the opposing jaw. Therefore you can see that when one tooth is lost, its two partners in the opposing jaw have only an empty space to try to grind on when the jaw movements swing them over that area.

The expression "it is just a baby tooth" is often used to dismiss lightly the occurrence of decay in these teeth. Remember,

they are important foundation teeth, and are an essential link in nature's plan to develop a strong healthy body and pave the way for a set of strong, regular and beautiful permanent teeth at the proper time.

2. *To prevent irregularity of the permanent teeth* it is important to keep the foundation teeth until they are ready to be lost in accordance with nature's plan. The loss of a tooth is almost always followed by the tipping and drifting of its neighbours. This results in the closing of the space where the tooth was prematurely lost (see Fig. 1).

When its permanent successor arrives, there is not enough room and it is crowded out towards the cheek or in towards the tongue. This sets up a chain of events which leads to other irregularities when more of the second teeth arrive. Tooth irregularities cause improper jaw relationship and jaw deformities. Most cases of receding or protruding chins, or narrow, pointed upper jaws with protruding teeth, have their origin in irregularity of the teeth beginning in early childhood. And, while they are not all due to early loss of the foundation teeth, many of them are traceable to that cause.

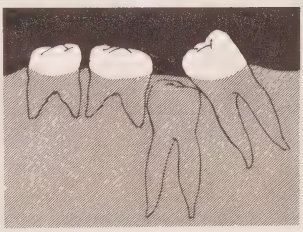
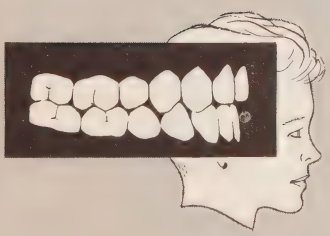
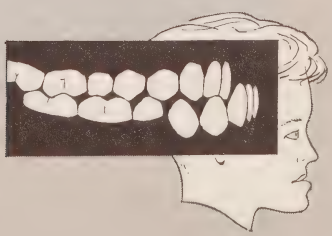


Fig. 1

Sometimes the foundation teeth are kept too long, or the root of one, or its crown, becomes wedged between two incoming

Fig. 2





permanent teeth. This interferes with the proper eruption of your child's permanent teeth, holding them back or forcing them out of their correct positions (see Fig. 2). If this occurs, these foundation teeth should be extracted. Another factor that sometimes contributes to the irregularity of teeth lies in certain child habits, such as thumb sucking, lip biting, tongue biting, mouth breathing, cheek biting and tongue thrusting. These habits, when

FIG. 3

continued, may aid in causing irregular teeth and facial deformities (see Fig. 3). The correction of such habits calls for the advice of both the doctor and the dentist. Usually, methods are suggested which will attract the least attention to what is being done and avoid as far as possible feeling of frustration and unhappiness.

3. *Prevention of pain.* Anyone who has experienced the severe pain of a toothache should consider this one reason alone as sufficent to warrant filling foundation teeth *before they ache.* Pain, loss of sleep and emotional strain can have a serious effect on your child's health.

4. *Prevention of infection.* Most people have seen swollen faces from infected teeth and know something of the dangers of an infection in any part of the body. In addition to being painful and disabling, it is known that bacteria (germs) from an infection may be carried through the blood to other parts of the body and set up new infections there.

DECAY OF TEETH

Tooth decay attacks more people than any other disease except the common cold. But colds come and go, giving us periods of freedom in between; tooth decay, once it begins, never "heals up." The cavities become bigger and bigger, finally reaching the pulp (nerve), which is then attacked by bacteria and these go on down through the nerve canal and out into the jaw bone around the end of the root, causing an abscess (see Fig. 4). About 99 people out of every 100 in Canada have tooth decay at some time in their lives. It begins very early in childhood. Examination of a large number of children has shown that in children three years of age, three out of five have cavities. In children four years of age, eight out of ten have cavities.

A cavity is never too small to fill. Don't wait until they are so large that you can see them. It may be too late then. Very small ones cannot be seen. The dentist requires a fine pointed instrument or X-rays to find them, especially when they are between the teeth (see Fig. 5). They can be filled at this stage more quickly, and with more comfort for your child and at less expense to yourself. Regular

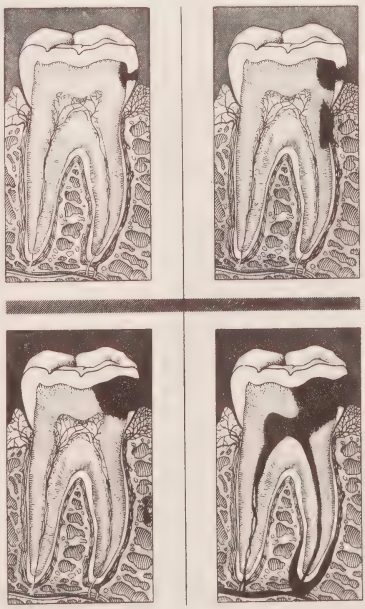


FIG. 4

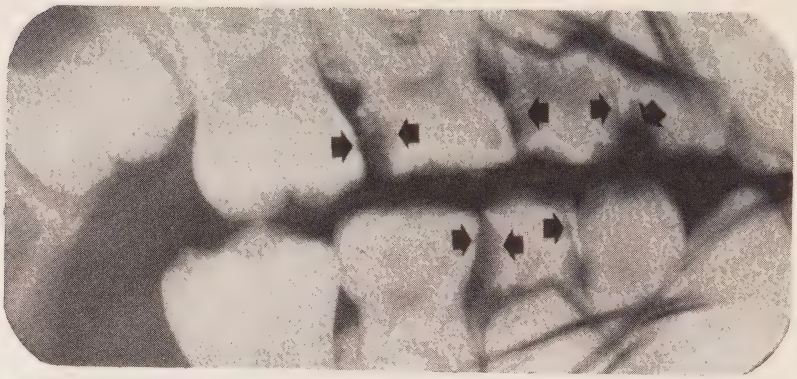
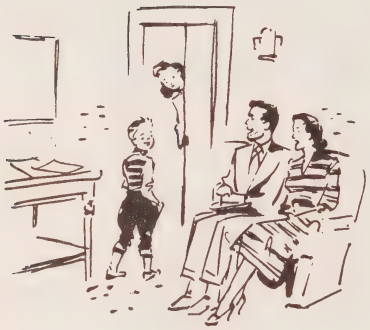


Fig. 5

six-monthly dental examination enables the dentist to find them before they become large enough to cause a toothache. A tooth which has ached cannot, as a rule, be filled.

YOUR CHILD AND THE DENTIST



With intelligent cooperation from the parents, modern preventive and protective dentistry can be made quite comfortable and an interesting experience for your child. He must not have his fears aroused by a discussion of pain, or his confidence undermined by deceit and untruths. Be strictly honest with him. If the dentist finds it necessary to cause discomfort or pain he will inform the child in advance. However, if the visits are regular (two or three times a year) the operations are small and rarely uncomfortable.

After the introductory visit, the parents should remain in the waiting room, or leave, unless the dentist requests their presence in the inner office.

SPACE MAINTAINERS

If one of your child's foundation teeth has been lost, consult your dentist. It may be necessary to maintain the space to allow room for the permanent tooth that will take its place later.

FIRST PERMANENT MOLARS

The four first permanent molars appear back of the foundation teeth, from five to seven years of age (see Fig. 6). They play a very important part in chewing food and in the development of the jaws. They are very liable to decay. The dentist should see them every six months.

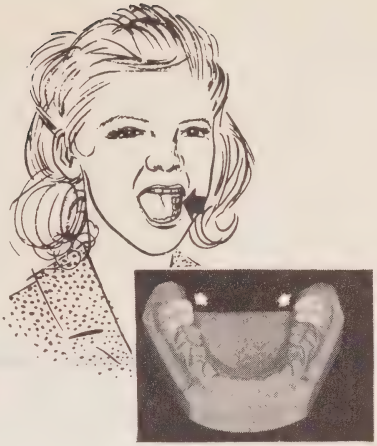


FIG. 6

MOUTH HYGIENE

The habit of cleaning the teeth should be taught your child as soon as the teeth come in. Have the dentist teach him the proper use of the toothbrush. *The teeth should be brushed and cleaned within ten minutes after eating.*

Cleaning will prevent *some* tooth decay but it will not ward it off entirely. Another important reason for brushing is that it massages the gums, promotes circulation of the blood, and gives them a healthy firmness.

An efficient dentifrice can be made at home by using one teaspoon of baking soda to two teaspoons of table salt, finely powdered by using a rolling pin or a round bottle. However, there are many dentifrices available at drug stores, flavored and scented to make them palatable. Never use one that is advertised to cure disease or bleach teeth; they are harmful. No dentifrice can prevent tooth decay. It is merely a cleanser.

SUMMARY

1. See that your child has a good balanced diet. (See Canada's Food Rules page 29). Avoid sweets between meals.

2. See that he keeps his mouth clean. Teeth should be brushed within ten minutes after meals.

3. Take your child to the dentist for examination every four to six months, beginning at the age of 2½ to 3 years.

4. Correct bad mouth habits such as thumb sucking, if persistent, by seeking and eliminating the causes (see page 122).

CHAPTER 26

Malnutrition

MALNUTRITION is no respector of persons and recognizes no barriers as to race, social background or wealth. The fat, pudgy child is just as badly nourished as the thin, skinny one. In its broadest sense, when anything interferes with a child's normal growth and development, it means that the child is suffering from malnutrition. The beginnings of malnutrition are often so insidious, subtle and unsuspected that it may go unrecognized until it presents itself in a dramatic typical picture: the pale, listless, lackadaisical, dull-eyed, stoop-shouldered, saggy-kneed, flabby and easily tired child. To the observant parent, nurse or physician such a child demands immediate medical attention. But there are countless other children suffering from malnutrition; because they do not show it in such an obvious way their condition may go undetected for a long time.

There are three main causes of malnutrition and any one of them is capable of affecting a child. First there is the most obvious one, faulty nutrition—either too much or too little food, improper selection of foods in the daily menu, or faulty eating habits. Secondly, pathological causes which include acute and chronic diseases, glandular troubles and inability of the body to use foods properly. Thirdly there are the psychological factors when the child is subject to emotional tensions in an unhappy family life or suffers from mental and physical fatigue.

DIFFICULT TO DETECT

How can we recognize malnutrition in its early stages? This problem has been baffling scientists for a long time. The usual method of appraising a child's physical condition has been to compare his height and weight to a "standard" for his age which in turn had been obtained by taking the average of a select group of boys and girls. Obviously such a method was scientifically unsound. It did not take into account the child's race, heredity, prenatal factors, disease, home influences and environment, and other factors all of which have important bearing on the child's development. The child of tall, beanpole parents does not grow the same way or at the same speed as the child of short, stocky parents.

Only recently has there been developed methods of determining a child's physical condition. One such method employs a chart known as the Wetzel Grid. The child's growth and development are compared against his own expectancies—that is, his ability to keep his physique or body shape, whether he is stocky, medium or thin and at the same time keep even with his individual schedule or speed of development. The Wetzel Grid is intended to give clues of impending malnutrition sometimes long before the parent or doctor can see the clinical signs.

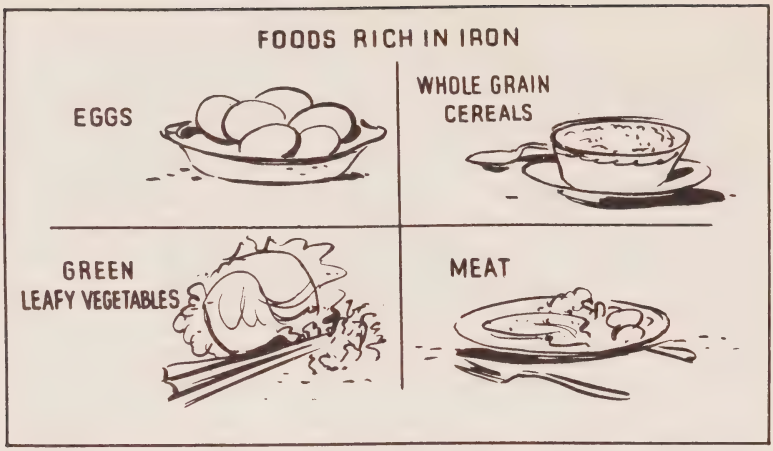
CHAPTER 27

Anaemia

THE anaemic child is pale, listless, inactive and definitely "ailing" depending on the extent of the trouble—ranging all the way from the mild and often unrecognized case to the ghostlike picture of the severe type. The child with anaemia is lacking in the red coloring substance (haemoglobin) in his blood. Neglect, ignorance, disease and injury are the basic causes.

The red coloring substance in the blood is supplied by iron in the food that your child eats. If his diet is lacking in sufficient iron, the child will suffer from nutritional anaemia, and it can be corrected by giving him an adequate diet. Foods rich in iron are liver, kidney, heart, egg yolk, molasses, dark green leafy vegetables, dried fruits and whole grain cereals. It is only in severe cases that transfusions and blood tonics are needed and, of course, the correction of the child's diet.

If your child has been ill for a long time, or had an acute infection of a severe nature, he may develop anaemia. Limited diet, prolonged fever, poisons in the blood cells from infections, often cause anaemia and a vicious circle is formed: the infection produces the anaemia and the anaemia lengthens recovery from the infection. In such cases, the doctor will probably advise blood transfusions to give the child the needed boost to overcome his infection. In less severe cases a suitable blood tonic and iron-rich diet may be prescribed.



IF CAUSED BY ACCIDENT

If the child has had an accident and lost only a small amount of blood, the resulting anaemia is taken care of by normal diet and drinking of lots of milk, water and juices. But if the bleeding has been extreme, a blood transfusion (either from a suitable person, or from the Blood Bank) should be given and repeated if necessary.

Although rare in children, there are certain serious diseases that destroy blood cells as well as injure the body tissues that manufacture these cells. The cause of such blood diseases is not thoroughly understood; some respond to treatment and others do not.

Anaemia may be a simple malady that readily responds to treatment but it can be a very serious and complicated problem. Only your doctor can make a proper diagnosis.

CHAPTER 28

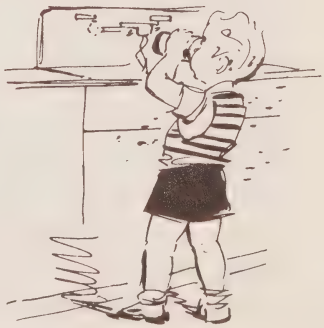
Constipation, Diarrhoea and Vomiting

CONSTIPATION

YOUR child's bowel movements which get rid of the waste products from his body are essential for his good health. But such movements vary among different children, as does the nature of the "stool" or excreta and there are no hard and fast rules to apply to all children.

Some children have only one bowel movement a day while others have three or four. The stools differ, too, according to the kind of foods the child has eaten, the amount of water he has drunk and the exercise he has had. A normal daily routine usually results in a regularity which becomes a habit.

Failure to have a bowel movement every day is in itself no reason for worry, especially if the child's behavior is normal in other respects. Too often the anxious parent tries soap-sticks, glycerine suppositories, enemas, laxatives or cathartics with the result that the normal habit becomes disturbed to the point where the child will not have a movement unless one of the above is used.



Adjusting your child's diet will correct constipation resulting from hard, impacted stools. Excessive milk, cheese, fried and fatty foods often cause this type of constipation. Worms are a common cause, as are small cracks or fissures about the rectum, the child refusing to have a bowel movement because of the irritation or pain it causes him.

If your child's constipation is associated with pain in his abdomen, nausea and vomiting and, especially, fever, seek a doctor's advice at once since there may be a serious condition. Avoid giving him "opening" medicines.

You can guide your child past constipation difficulties by starting regular health habits early in his infancy. See that his diet is adequate and that he drinks plenty of water. Exercise is very important. If these simple rules are ignored, your child may easily become constipated to the extent that medical care is needed to bring him back to normal bowel movements.

DIARRHOEA

Diarrhoea, or frequent bowel movements, is a sign that the intestinal tract is being disturbed; the things causing this upset condition are varied. Excessive food, a change in the nature of foods (for example, from strained to diced foods, or to whole vegetables and fruits), food that has gone "bad" or that was only partly digested—all these may cause diarrhoea in your child. The eruption or appearance of teeth is nearly always associated with frequent loose stools. In many children diarrhoea commonly accompanies head colds, sore throats, ear infections or acute infections of any type.

When the diarrhoea is caused by infection in the child's intestinal tract, it is known as enteritis or dysentery and should be regarded as serious. The stools contain mucus, blood and pus, and the child is feverish. When accompanied by vomiting, the rapid loss of body fluids results in a dangerous condition and professional advice is urgently needed.

The treatment of diarrhoea varies according to the cause of the illness. Children who have easily irritated intestinal tracts require special attention when teething, changing food and during acute infections. At such times reduce his solid foods, particularly the

roughage (cereals, vegetables and fruits) and increase the amount of fluids he drinks (dilute milk, fruit juice and water). If fever is present, keep him in bed and if there is blood, mucus or pus in his stool, call your doctor at once. Home remedies and drugstore "specials" sometimes work but infectious diarrhoea is a very serious disease, especially in young children, and medical advice is essential.

VOMITING

Vomiting is a nasty experience for a child. It may be caused by illness, for example an infection in the digestive tract; or it may be due to a stoppage in the bowel. Over-eating, particularly when a child is tired or after excitement or depression, results in improperly digested food and Nature takes care of the situation by throwing it back. Some children, too, are sensitive to certain foods and once again Nature compensates by the act of vomiting.

When children are fed forcibly, vomiting becomes a common climax to many meals; the child finds it a mighty weapon to gain his own way. It also frequently accompanies the coughing spasms of whooping cough. Sometimes, long after the whooping cough has cleared, the vomiting continues as a habit reflex each time the child coughs or gags. When vomiting is associated with fever, it may indicate the beginning of an acute infection. Forceful vomiting suggests pressure within the skull (caused by brain tumor, skull fracture, meningitis, etc.).

Vomiting a single time may be of little consequence, especially if the child seems otherwise all right. Repeated vomiting, however, with or without fever, calls for professional attention. The loss of body fluids by vomiting may result in a serious condition.

Cool weak tea (1½ teaspoons tea to 3 cups of boiling water, steeped for 1½ minutes) without milk but flavored with a small amount of sugar and offered in teaspoonful doses at 10 to 15 minute intervals will stop the vomiting. Additional offerings of the tea at 15 to 30 minute intervals not only help control the vomiting but also restore some of the lost body fluid.

CHAPTER 29

Convulsions

OF ALL the symptoms that occur in young children there is perhaps none quite so alarming to the household as the twitching, jerking spasms of a group or groups of muscles, indicating convulsions. It is a sign that the brain tissues are being irritated. The causes of such irritation are numerous. It may be the result of a head injury at birth, or come from a fall or a blow on the head, both resulting in a blood clot inside the skull.

Some children have convulsions during the course of a disease. Here the irritation to the brain is caused by the germs themselves, or by the poisons they produce. High fevers are sometimes accompanied by convulsions, due to the quantity of poisonous material in the body. Acidosis (too much acid in the blood and tissues) and the opposite state, alkalosis (too much alkali) may also cause convulsions.

Fortunately most children receive the usual childhood quota of bumps and falls, fevers and disease, without suffering convulsions. But there are many who will almost regularly show the symptoms of convulsions when they have head injuries, fevers and disease. For the latter, it is necessary to take special precautions such as giving them full protection against all the preventable diseases, taking care to control high fevers, and avoiding games where bumps and falls are common.

Convulsions should be considered an emergency. Until the doctor comes, most convulsions are controlled by placing the child in a lukewarm (90°F) mustard bath (made by putting a tablespoon of mustard in a cloth bag and swishing it about in a partly filled tub) and rubbing his arms and legs in an upward direction. The problem isn't solved just because the convulsions stop—only a doctor can determine the underlying cause and prescribe treatment. And don't be fooled into suspecting convulsions in a child who is a breath-holder, or given to temper tantrums, or a proficient actor in the age-old game of Getting My Own Way.

CHAPTER 30

Eye and Ear

EYE problems common to children are a foreign body in the eye, inflammation, poor sight and weak eye muscles resulting in cross-eyes.

A cinder, speck of dirt, small insect, fleck of cigarette ash or any other foreign body in a child's eye can cause him a lot of distress. His immediate reaction is rapid blinking and pouring forth of tears. If Nature does not succeed in washing out the particle, then it's a job for your doctor and this is especially true when you can't see what's in the child's eye. If you can see it, however, it will probably wash out with lukewarm water. Never use a match or toothpick because it is easy to injure seriously the delicate membrane of his eye.

When there is an inflammation in the child's eye, it is accompanied by pain, redness and a discharge. Styes are infections at the root of an eye lash, very much like a small boil on the eye lid. Warm salt water, applied with clean cotton and repeated every half minute or so, will give him relief and reduce the swelling and redness. Styes which keep reappearing (termed "crops") call for a doctor's attention and a check-up on the child's general condition.

CAN MEAN MANY THINGS

Crusting of his eye lids, marginal redness and loss of lashes may mean eye strain, not enough sleep, poor nutrition or poor general health and a doctor's attention is needed. Redness of the eye ball itself along with either a watery or puslike discharge, indicates inflammation. This condition may be contagious in which case it spreads from one eye to the other and is readily passed on to other people. If neglected, ulcers may occur which will leave scars and injure vision. Certain types of inflammation

result in blindness if untreated. Your child's precious sight is at stake so call a doctor without delay.

Weak eye muscles often result in cross-eyes, your child being unable to focus both eyes at the same time. When he tries it, the weak muscles yield to the stronger ones and the eye or eyes turn in or out as the case may be. Skilled advice is necessary here if you would give your child the best chance of normal vision. Eye muscle exercises, eye drops, corrective lenses or operation may be indicated.

If a child has poor vision, he is facing life with a definite handicap. During his early years it limits his experiences and lessens his abilities. His clumsiness and weakness in competition with other children isolate him from his playmates and often, unfortunately, make him the innocent target of parental reprimands and misunderstanding. If a child squints and blinks, has marginal redness on his eye lids and is clumsy when eating and playing, these are strong indications of eye strain. Be on the alert for any of these symptoms and when in doubt consult your doctor. Many such children lead a much happier and healthier life when fitted with spectacles.

EAR TROUBLE

During childhood, foreign bodies in the ear, inflammation and injury are the major ear problems. Many children seem to delight in pushing small objects into their ear canal, as well as up their nose and in their mouth. Beads, peas, seeds or pebbles often have to be removed from the child's ears where they may irritate the ear canal and damage the drum. Unless the object is visible and easily taken out either by hand or with small tweezers let your doctor take care of it. The same holds true for hardened wax. Never probe near the ear drum!

Inflammation in the ear canal, usually caused by a small boil, is a very painful condition for a child. The ear is extremely tender when gently pulled upwards and forwards. Heat brings relief and sometimes it is necessary for the doctor to open the boil.

Inflammation on the other side of the drum means acute middle ear disease and it often occurs with a severe head cold, sore throat, pneumonia, measles or scarlet fever. The infection has spread there from the tissues about the back of the nose and throat, particularly around the adenoids. The middle ear is a tiny, closed space which normally opens into the back of the nose through a small tube (called the Eustachian tube). When this tube becomes inflamed, the middle ear is sealed off so that the pressure caused by the swollen tissues and discharge bulges the ear drum and causes an earache. Sometimes this pressure becomes strong enough to burst the drum, and the ear then begins to discharge. If the rupture is very small, or not in a favorable spot, the drainage is poor and the earache continues. Also, under these conditions, there is danger of the inflammation spreading into the mastoid cells, which are connected to the middle ear, and resulting in a serious condition.

DANGER OF DEAFNESS

Earache, when associated with acute respiratory diseases (in the throat and nose) is often relieved by applying a few drops of *warm* glycerine in the ear canal and then plugging with cotton. But once the ear is discharging, don't use drops since drainage is the important thing. To ensure this, clean away the discharge from the child's ear as often as necessary. Repeated ear infections may easily result in part or complete deafness. Your child's ear can be injured by a severe knock or fall, a slap on the ear (the sudden increased pressure breaking the drum) or by sharp instruments such as pins, matches or toothpicks pushed into the canal.

The ear is a highly sensitive organ and disorders of even seemingly small importance deserve the attention of a doctor. Safeguard your child's hearing by avoiding ear trouble—if it occurs, get professional advice immediately.

CHAPTER 31

Allergies

ALLERGY is the sensitivity towards certain foods, wool, grasses, weeds, flowers, feathers, animals, housedust, etc., which causes the victim discomfort in a variety of ways. It is a condition which tends to run in families. Children of parents who are asthmatic or hay fever sufferers are much more likely to show allergic tendencies than otherwise. Special care should be taken with such children to keep them out of contact with the common "offenders" or factors which cause the allergies.

ECZEMA

Eczema is an itchy eruption which may occur any place on the body, but most commonly on the cheeks, scalp, in the folds about the neck, in front of the elbows and behind the knees. It is one of the earliest forms of allergy to show itself in a child. In a sensitive child, that is, one with an allergic family background, woollen (especially angora) fabrics should not be allowed to touch the skin. If they do, an irritation is caused resulting in the rash of eczema. Other items that are frequently to blame for eczema are eggs, certain fruit juices, and some cereals (oatmeal particularly).

Happily, most children tend to outgrow the eczema before they are three but reasonable care is necessary to safeguard against this bothersome condition in later life.

HIVES

Hives are itchy, raised spots on the skin, looking very much like large mosquito bites. They occurr on the body, extremities and face usually as well-defined small lumps. Occasionally, however, they seem to group together, each clump forming a "giant hive." Or the lobe of an ear, the lip, the eyelid or the foreskin may have a hard, itchy swelling. An intense itching is characteristic of hives. Normally the hives do not last long, often disappearing just as rapidly as they appeared.

Usually they are caused by some food to which the child is sensitive and such foods should be carefully avoided in the future. A baking soda bath or local application of calomine lotion will relieve the itching. In persistent, worrisome cases, see your doctor.

ASTHMA

Asthma is wheezy, difficult breathing. With each breath the child takes there is a whistling, wheezy sound in his chest. His trouble is not in getting air into his lungs but in breathing it out because of the spasms in the small bronchial tubes. Some foods can cause asthma, such as eggs, fish or seafood; or it may be caused by the child breathing in fine particles of some sensitizing substance such as feathers, animal hair, house dust, barnyard dust or dust from freshly stuccoed walls. Again, some children suffer from asthma when they have head colds or bronchitis.

Some cases are very mild and only with increased activity on the part of the child does it become bothersome. Other children are so distressed and have so much difficulty in breathing that they have to be propped up in bed or in a chair. If the asthma is associated with fever, the child should be kept in bed.

HAY FEVER

Hay fever is usually caused by the pollen of certain flowers, weeds or grasses. The membranes in the nose, tear ducts and eyes become sensitive to the pollen and an "attack" is characterized by repeated sneezing due to irritation and swelling of the membranes in the nose, and by intense itching and watering of the eyes. When pollen is the cause, the hay fever is seasonal. However, the same things that cause asthma often bring on hay fever.

Allergies are commonly induced by repeated injections of horse serum. Children who are injured in street or barnyard accidents are given a small dose of tetanus antitoxin (which is prepared in horse serum) if they have not been previously protected against Tetanus (lockjaw) by toxoid injection. Repeated doses of such serum may bring about allergies. But the preventive inoculations given during infancy and early childhood against diphtheria, whooping cough and typhoid do not contain horse serum and will not produce allergies.

ALLERGIES ARE COMPLICATED

Allergies occur in children in so many different forms and in such varying severity that each child has to be individually treated. If the parents are allergic, then the children should be considered as "suspects," and the common causes of allergies either avoided or approached with caution. Proper and adequate diet need not be sacrificed because of sensitizing foods since substitutes are usually available. Animals, flowers, feathers and certain dusts can be reasonably avoided.

Allergies which develop with infections indicate the necessity of building the child's resistance to a high level. Although allergies are rarely fatal, and many children outgrow them, it should be remembered that the earlier the allergy is understood, and the causes avoided, the better off will the allergic child be in the future. Even in its simple forms, allergies are very complicated medical problems and the doctor's advice should be sought.

CHAPTER 32

Common Diseases— Basic Principles

THERE are some basic principles concerning childhood diseases which you should be familiar with so that you can help chart a safe course for your child during the runabout preschool years. You'll be wise to remember that no text or set of rules applies to every child, and that the behavior of diseases may differ greatly in different children even though the diseases are essentially the same, as well as the principles of prevention and cure.

Too many parents consult a "book of rules" or frantically scan their "home book of medicine" and then assume the role of doctor in treating their sick child. The whole complicated field of disease is one which must be left to physicians. The sick child is an acute domestic problem and this problem should not be made worse by parents trying to carry out diagnosis and treatment. That they cannot do it satisfactorily is only reasonable when one considers that doctors and nurses must spend many years of hard study and training and practice before they become qualified to take over the management of disease.

PROTECTION IS YOUR MAIN JOB

The important role that parents can play is in the protection of their children against disease. To keep your child in good health there are many things you must do. See that his diet is nutritious, clean and free from infection and eaten by him in the proper quantities, and under pleasant circumstances, for his

healthy growth and development. Your home should be clean—and it should be a happy home. His clothes must be clean and in keeping with the temperature and season. Fresh air and sunshine, wholesome play and exercise, regular bowel movement and sufficient sleep are all very important to maintain good health and prevent disease.

Yet, despite following these basic rules for your child's good health, diseases often strike. There is a variety of causes for this—your child may be eating a sufficient quantity of food but certain vital elements may be lacking in his diet; close contact with other children, or grownups, or pets, may result in his receiving infections such as tuberculosis, diphtheria, whooping cough or infantile paralysis (poliomyelitis).

Diseases differ so widely in their causes, and in their effects upon different children, that a simple classification is offered in the following chapters for the guidance of parents.

CHAPTER 33

Deficiency Diseases

It is still hard for many to realize that diseases may be caused by the *absence* of something, as well as by the *presence* of a germ or virus or poison. The spectacular stories about vitamins lead people to think of "deficiency diseases" only in terms of vitamins, but actually other food substances, such as minerals and proteins are just as important in this connection.

In fact, the simplest deficiency disease is a lack of enough to eat and the resultant thinness, slow growth and poor resistance to infection are just as real a problem as any vitamin deficiency. In the midst of capricious appetites among children, do not be afraid to give your child plenty of food. If he wants three eggs, let him have this good food, but if he wants three pieces of pie on the grounds of being hungry, give him one plus a chance to fill up on bread and butter.

PROTEINS

Proteins are the chief building and repair materials for the tissues although minerals are sometimes included in this category for their contribution to the bones and teeth. Proteins are especially needed to form new tissues during growth and convalescence from illness. The best sources of protein are: fish, poultry, meat, milk, cheese, eggs, nuts, and dried peas or beans. Cereals also provide some.

Small amounts of other food elements maintain the body health and regulate its functioning. These are minerals, water, cellulose, and vitamins.

About 14 *minerals* are important to the body but a lack of calcium, phosphorus, iron, and iodine cause easily recognizable diseases. *Calcium and phosphorus* help to build strong bones and healthy teeth. They are also important for proper functioning of the nervous system by the digestive apparatus and for the clotting of blood. A deficiency or an imbalance of calcium and phosphorus results in rickets (a fragile state of bones), poor dentition, nervousness and convulsions. Milk and cheese are the chief sources of calcium while phosphorus is also supplied by eggyolk, fish and cereals. *Iron* is essential for the formation of the haemoglobin in the red blood cells which carry oxygen from the lungs to all parts of the body. Women and children need more iron than do men. A lack of iron results in *anaemia*. Good sources of iron are: liver, kidney, heart, eggyolk, molasses, dried fruits, whole grain cereals, dark green leafy vegetables and maple syrup. *Iodine*, in very small amounts, such as supplied by iodized salt, helps prevent simple goitre.

WATER

Water is vital for the processes of digestion and elimination.

CELLULOSE

Cellulose is the indigestible structural portion of vegetables, fruits and whole grain cereals. It is useful for keeping the digestive organs functioning properly.

VITAMINS

Little wonder that the average parent is baffled by the multiplicity of advice and preparations concerned with vitamins. What can you believe about vitamins?

Vitamins are real things. A vitamin is an organic food substance needed to maintain life, but in such small amounts that it cannot be seen or tasted in foods. Vitamins may be lacking from your food at times, and this may be a very serious thing, even leading to death. Recent research has suggested several ways in which a slight lack of certain vitamins leads to much vague ill-health. This lack of vitamins in the food, which causes disease and even death, is usually caused by faulty eating habits. People do not get enough to eat, or they avoid foods rich in vitamins because of some fad or by accident.

Foods rich in vitamins, often called protective foods, are milk, butter, fresh fruit, vegetables, whole grain cereals, and some meat. Half of your food money should go into these items.

VITAMIN A

Vitamin A, if lacking, causes a disease inside the eyes known as "night blindness." "Night blindness" involves a slow recovery of the eyes from the effects of a bright light. If the deficiency continues, growth stops, one becomes more susceptible to infections, the skin dries, and the eyes become sensitive to light. The best foods for vitamin A are apricots, carrots, chard, kale, lettuce, liver, red peppers, spinach, sweet potatoes and sometimes butter. It is somewhat destroyed by heat. It is stored in the body. Daily needs: Child, 1,000-5,000 International Units.

VITAMIN B

Vitamin B is "the" vitamin that was found to be a mixture of many vitamins. There are at least 10 important to humans, but thiamine, riboflavin and niacin are the best known. They are important for the proper use of energy foods.

B1 or thiamine is the anti-neuritic and beriberi vitamin. In its absence neuritis may develop. Loss of appetite and lack of intestinal movement are among the earliest symptoms, but of course are often caused by other things than a lack of B vitamins. To get enough, eat more whole grains, yeast, liver, milk, molasses, peanut butter and pork. Thiamine is water-soluble and destroyed by heat so is easily lost in cooking, especially when the water is discarded. Daily needs: Child, 0.5 milligrams.

Riboflavin (used to be called B_2 or G) is water-soluble and plentiful in milk, liver, eggs and wheat germ. Lack of riboflavin may result in itching of the lips and eyes, sores at the corners of the lips, reddish tongue, etc. A child needs about 1 milligram daily.

Niacin (also called nicotinic acid and nicotinamide) prevents pellagra, diarrhoea, dark scaly dermatitis and even mental changes. Pellagra is not common in Canada. Niacin is found in liver, wheat germ, yeast and meat. Children need about 5 milligrams daily.

PREVENTS SCURVY

Vitamin C or Ascorbic Acid prevents the development of scurvy. It helps to keep the walls of blood vessels intact and is needed for the proper structure of the teeth. Bruising and bleeding from weakened blood vessels is found in scurvy and may be found in milder cases of "C" deficiency. The best sources are: black currants, citrus fruits and their juices, (orange, grapefruit), raw strawberries, cantaloupe, fresh or canned tomatoes or tomato juice, peppers, potatoes, cauli-

flower, cabbage and turnip. Rose hips are an excellent source.

This vitamin is readily destroyed by air and heat. Therefore, these foods provide the most vitamin C when eaten raw, or cooked in covered containers, for as short a time as needed, and not held over or reheated. Since the vitamin is also very soluble in water, the cooking water should be kept to as little as possible, and used up rather than being thrown away. While 10 milligrams per day will protect a person of any age from scurvy, about 30 milligrams daily should be used for extra insurance, and many people recommend as much as 75 milligrams daily.

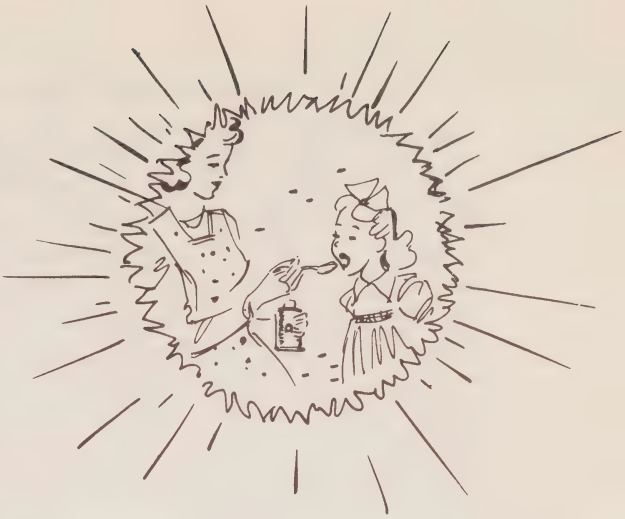
The following table indicates the difference in Vitamin C contents:

Vitamin C values per 100 grams (3½ ounces)

Orange juice (fresh)	59
Orange juice (canned)	42
Apple juice (fresh)	2
Apple juice (vitaminized) canned	38
Grapefruit juice (canned)	35
Pineapple juice (canned)	9
Tomato juice (canned)	16

VITAMIN D

Vitamin D is necessary for the proper use of calcium and phosphorus in bone and teeth formation. Lack of this vitamin in early infancy causes rickets. Milder deficiencies at any time while growth is occurring (up to 16 years or more) may cause disfiguring and even serious malformations of the resultant soft bones. Sunlight causes the formation of Vitamin D in the skin but is an unreliable source because smoke, dust and fog may screen out the necessary ultraviolet rays. Furthermore, as a



suntan develops, these rays have increasing difficulty in reaching the deeper layers of skin and less Vitamin D is consequently formed.

For these reasons, as well as because dropping the fish liver oil habit during the summer months often makes it difficult to reinstate in the winter, it is advisable to give an assured source of Vitamin D all year round. Various forms of fish liver oil, either liquid or in capsules, are available. Irradiated evaporated milk provides significant amounts, but few other foods do. While growth is occurring, every person needs at least 400 International Units a day and it is usual to give about 800 International Units per day to infants up to two years, in order to be sure enough is swallowed. This corresponds to from one to three teaspoons daily of cod liver oil, or from one to ten drops of some of the concentrated forms, but the label has to be consulted to be sure.

WHAT TO DO ABOUT IT

Since medical science is far from knowing all the different vitamins, minerals, proteins that are needed for health and just how much of each a person needs, you cannot rely on buying some pill or tablet or capsule or syrup to make up the deficits that might occur in your diet. If there is a need for vitamins to supplement the diet your doctor will be able to advise you.

The only way known to get an adequate diet is to eat a variety of foods. If that variety follows the pattern outlined in Canada's Food Rules (page 29), it is based on the best scientific and medical nutritional advice available, but other eating patterns can also provide adequate nutrition. If food habits slip gradually into restricted variety such as only meat and potatoes, or only doughnuts and coffee, or only tea and toast, then malnutrition in some degree may be expected after awhile.

A good eating pattern, like Canada's Food Rules, can be developed in the transition from infancy to the preschooler. By developing and maintaining the habit of getting a variety of foods, a solid foundation will be laid for life. It is the long view that counts, and temporary abnormalities or aversions should not be allowed to worry parents unless they lead to permanent changes. Don't give up the attempt to introduce new foods, or to find new ways of serving old ones, but don't work at it so hard as to create tension in your child. In dealing with lack of appetite remember that adequate rest, freedom from mental strain, and the correction of physical defects all contribute to eating well. Don't force food, nor worry over table manners, but keep a happy environment and let the child's appetite develop.

LOSSES IN PREPARATION

Cooking and home canning cause certain losses in food value, especially in fruits and vegetables—even as much as 50% in some cases. Heat and exposure to air (uncovered saucepans) cause some outright destruction, but in many cases just as much is lost by using a lot of water and then throwing it away.

Theoretically, cooking under pressure exposes food to heat for the shortest time, with the least water and air present, but does not always give better results than some other methods of preparation due to the time taken to heat up and cool down, as well as momentary over-cooking at the higher temperatures reached under pressure. The important thing is, therefore, to eat food raw if possible; and, if not possible, then be sure to follow cooking directions carefully. Commercially tinned foods retain nearly all their food value, and may be better than market produce because they are carefully canned when at their best.

By following a pattern of eating as outlined in Canada's Food Rules and by paying attention to proper methods of preparation and cooking, deficiency diseases can be largely avoided. When they do develop, their cure by the capsules prescribed by your doctor will be greatly assisted by establishing an adequate diet along these lines.

MEAL PLANNING FOR HEALTH

CHOOSE FOODS FROM EVERY GROUP EVERY DAY

MILK

Children: (Up to about 12 years) at least 1 pint.
Adolescents: At least 1½ pints.
Adults: At least 1 pint.

Whole milk
Skim milk
Evaporated milk
Dried milk
Irradiated milk
Buttermilk

FRUITS

FRESH,

One serving of citrus fruit or tomatoes or their juices AND one serving of other fruit.

(A) CITRUS FRUITS AND ALTERNATIVES

Oranges
Lemons
Grapefruit
Tomato
Rose hips
Black currants
Cantaloupe
Strawberries
Red currants

(B) OTHER FRUITS

Apples
Apricots
Bananas
Berries
Cherries
Currants, dried
Dates
Figs
Grapes
Melons
Peaches
Pears
Pineapple
Plums
Prunes
Quince
Raisins

VEGETABLES

FROZEN, CANNED

At least one serving of potatoes; AND at least two servings of other vegetables, preferably leafy, green, or yellow and frequently raw.

GREEN AND YELLOW

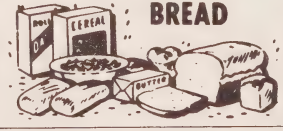
★Asparagus
★Beans, green
★Beet tops
★Broccoli
★Brussels sprouts
★Cabbage, Chinese
★Cabbage, outer green leaves
Carrots
Celery, green
Corn, yellow
Endive
Escarole, green leaves
★Kale
Leeks
Lettuce, green leaf
Okra
★Onions, green
Parsely
★Peas, green
★Peppers, green or red
★Potatoes, sweet
★Spinach
★Squash, yellow
★Swiss chard
★Tomatoes
Watercress
Wild greens

OTHERS

Artichokes
★Beans, wax
Beets
★Cabbage
★Cauliflower
Celery, bleached
Corn, white
Cucumber
Eggplant
★Kohl-rabi
Lettuce, head
★Lima beans, fresh
Marrow
Mushrooms
Onions, mature
Parsnips
★Potatoes
Radishes
★Soybeans, fresh
Squash, white
★Turnips

Large servings of starred vegetables, especially if raw, may partially replace fruits in group (A).

CEREALS AND BREAD



One serving of whole grain cereal and at least four slices of bread (with butter or fortified margarine.)

BREAD AND ROLLS

★Whole Wheat
★Vitamin B brown
★Vitamin B white
White ★Rye
Quick Breads
Crackers: graham, soda

FLOURS

★Whole Wheat
★Vitamin B white
White ★Rye Graham

WHOLE GRAIN CEREALS

★Rolled Oats
★Oatmeal
★Cracked Wheat
★Flaked Wheat
★Unpolished Rice
★Pot Barley
★Some Ready-to-eat Cereals

REFINED CEREALS

Pearl Barley
Cornmeal
Macaroni Noodles
Spaghetti Farina
Polished Rice
Other ready-to-eat cereals
★WHEAT GERM

★Indicates foods containing the most vitamins and minerals.

MEAT AND FISH

One serving of meat, fish, poultry or meat alternates such as dried beans, eggs and cheese. Use liver frequently. In addition: eggs and cheese at least three times a week each.

MEAT

Beef Mutton
Veal Lamb
Pork
Liver Heart Kidney
Variety Meats
(Tongue, sweetbreads, prepared loaves, etc.)

POULTRY

Chicken Goose
Turkey Duck

FISH AND SHELLFISH

Fresh Salt
Frozen Canned
Dried Smoked

ALTERNATES

Game Cheese
Nuts
Peanut Butter
Legumes
Dried Beans: Navy, Kidney, Lima, Soy
Dried Peas: Green, Yellow, Split
Lentils
EGGS

FATS, SUGARS, EXTRAS

There are no specified amounts of these foods recommended for daily use.

FATS

Butter Lard
Shortening
Salad Oil
Mayonnaise
Other fats (including dripping).

SUGARS

Sugar: white, brown
Syrups
Jams and other sweet spreads.
Prepared gelatine desserts.
Cakes, cookies, sweet biscuits, pastries and doughnuts.

EXTRAS

Beverages
Condiments
Pickles Relishes
Sauces

Vitamin D—At least 400 international units daily for all growing persons and expectant and nursing mothers. Iodized salt is recommended.

CHAPTER 34

Parasitic Diseases

While parasitic diseases aren't very common in Canada, there are several that do occur frequently here, caused mainly by lice which are found on the scalp and in the hair; these parasites are readily transmitted from one child to another. The lice bites cause irritation, making the child scratch himself and thus leading to sores from secondary infections. While these bites are annoying, they are not usually dangerous—the real danger lies in the secondary infections caught by continued scratching by the child and are a potential menace to his life.

The remedy, of course, is to prevent the initial itching by getting rid of the lice and nits, and safeguard him against becoming reinfected from playmates or other members of the family. Coal oil, vinegar, larkspur and other commercial products have been used successfully in the treatment of lice but the best results have been obtained by using DDT powder (with pyrethrum). Here are the instructions:

Dust about one teaspoonful of the powder on the head of every one in the home who shows the slightest sign of lice or nits. Spread well by combing, applying the powder generously above and back of the ears. Repeat over a period of two or three days so that there will have been three or more applications of the powder.

To clean the scalp and rid the head of dead nits, shampoo the head, clip the hairs and comb out the nits. The shampooing preparation can be made from the following ingredients:

6 teaspoons of powdered borax
1 cup of boiling water
2/3 cup of mild soap flakes (or soap shavings)
Mix thoroughly
Add four cups of boiling water

Shampoo for at least five minutes. This treatment should be given 24 hours after the first application of DDT powder but the powder must be dusted on again immediately after the hair dries. Repeat this procedure for two or three days if necessary, always replacing the washed-off powder until the final cleanup in about ten days' time.

A child's head will never remain clean if the heads of grown-ups, especially of the girls in the family, are not clean, or if the child's playmates are unclean. Get them to use the same treatment if necessary.

A precaution: Keep the DDT powder away from the eyes, nose and mouth. Wash hands if soiled with the powder. Food should not be allowed to become contaminated with the powder. It should be remembered that if one child's head is unclean, all other heads in the family should be examined and *ALL* treated the *same day* if nits or lice are found.

SCABIES (the itch)

Scabies is an itchy skin disease caused by a small parasite which burrows into the unbroken skin. It occurs most frequently on the hands and arms but sometimes may be found on the trunk and legs. The itching is most noticed at night when the child is in bed and warm; this is the time when the parasite burrows deeper into the skin layers to lay its eggs. Itching is often quite intense and the child scratches so much that his finger nails may cause a secondary infection that can be more serious than the original parasitic infection.

Scabies is readily spread by personal contact, especially by bed partners. The treatment your doctor will prescribe is fairly simple and will include attention to the secondary infection as well as the scabies, and advice on the proper care of the bedding, sleeping garments and underclothing of the infected child. It is advisable to consult your doctor or local health clinic for diagnosis and treatment since harmful effects may follow home-made treatment with "scabies cures."

WORMS

Two varieties of worms (intestinal parasites) are commonly found in children. First, the pinworm which is whitish, threadlike and about half an inch long. Second, the roundworm which is whitish, smooth and about the same size as the ordinary earthworm. Less common is the flat tapeworm. It is fairly easy to recognize the roundworms in the child's stool immediately following a bowel movement. Careful examination of the freshly passed stool is necessary to detect the threadlike pinworms whipping about. Sections of the flat tapeworm are seen more readily in the return of a salt water enema.

These worms cause irritation and itching about the rectum, constipation and abdominal discomfort. Contrary to popular belief, grinding the teeth, picking the nose and nervousness are not symptoms of worms.

Treatment consists of giving worm medicine to the child, but this should be done only under a doctor's orders because each type of worm requires specific medication. To be effective such medicines must kill the worms without harming the child and if the drugs are not given in the proper dosage and under the right conditions, real injury to the child may result.

Cleanliness is the first step in any such treatment. Dirty hands and fingernails, especially at night, result in reinfection because of scratching and hand-to-mouth carrying of the worm's eggs. Cotton gloves and cotton underwear should be worn at night to prevent this. A salt water enema (one teaspoon of salt to a pint of water) often gives relief to the child from his itching. Prevent the spread of the infection to other children and reinfection by boiling all his clothing as well as the bed clothing.

CHAPTER 35

Infectious Diseases

INFECTIOUS or communicable diseases are caused by germs, tiny organisms that cannot be seen unless a microscope is used. There are two types of these germs: *Bacteria* which cause such diseases as whooping cough, diphtheria, scarlet fever, meningitis, tuberculosis and typhoid fever; and *Virus* which results in the common cold, influenza, small pox, measles, mumps, infantile paralysis and other diseases.

Infectious diseases are usually spread from one person to another although sometimes they are transmitted from animals, milk, water or contaminated articles such as toys, books, and carpets. The germs get into your child's body in three different ways:

1. Breathing—through the nose and throat.

2. Eating—through the mouth, stomach and intestinal tract.

3. Contact—through the skin either by directly touching an infected person or indirectly by touching something that another infected person has handled.

The diseases that your child may catch through breathing include tuberculosis, pneumonia, influenza, common cold, measles, mumps and whooping cough. The germs are spread by droplet infection, that is by small droplets of secretion from the nose or throat of an infected person being sprayed into the air when he coughs, sneezes, clears his throat, or even talks. These tiny germ-laden droplets in the air are breathed in by people in the immediate vicinity or they may fall on food, milk or toys and then taken into the mouth in that way. Some people (called carriers) carry these germs around in their nose and throat, but aren't themselves sick with the disease.

Diseases caused by eating and drinking include typhoid fever, diarrhoea and enteritis, dysentery, certain forms of tuberculosis, undulant fever and food poisoning. Polluted water, unclean milk and infected food (by droplet infection, handling or fly borne) result in such conditions as septic sore throat and measles.

UNCLEAN WATER AND MILK

Water that has become polluted from sewage, swimming pools from spitting and drinking water contaminated by many sources—all these may result in epidemics swiftly and without warning. Unclean milk, if not pasteurized or boiled, is a dangerous menace to your child. Cows with tuberculosis yield milk that may cause not only tuberculosis in the lungs but also in the bones, joints and glands. Cows with Bang's Disease may cause undulant fever, either through their milk or milk products (butter and cheese). Goat milk can also carry the germs of tuberculosis and undulant fever.

You can protect your children against these diseases from unclean milk by permitting them to drink only milk that has been pasteurized or properly boiled.

Food may become contaminated by droplet infections. Flies which alight on food often carry disease germs, spreading them wherever they touch the food. They pick up these germs from all sorts of filthy sources. Keep garbage covered and foods protected.

Unsanitary personal habits such as the failure to wash the hands thoroughly with soap and water after going to the toilet is a common way of contaminating food. Cats, dogs, rabbits, mice and rats can make food unclean by coming into contact with it.

Diseases that are caught by contact of the skin with an infected surface gain entrance to the body in two ways. The germs of impetigo may penetrate mucous membrane or unbroken skin. The germs of tetanus (lockjaw), syphilis, gas gangrene, tularemia (rabbit fever), staphylococcal and streptococcal skin infections get into the body through a break in the skin and the mucous membrane.

GUIDE FOR PARENTS

The commoner infectious diseases that occur during childhood are briefly discussed, not as a medical text, but rather as a guide for parents in recognizing the symptoms, judging the severity of the illness, and preventing complications.

As with every other type of illness, the chief concern is the CHILD that is sick, not the SICKNESS in the child! What appears to be an ordinary head cold may prove to be measles in a day or two as new symptoms present themselves. A sore throat and pain in the abdomen may suggest tonsillitis, but later headache, vomiting, stiffness of the neck, and muscle weakness in a limb point to infantile paralysis (poliomyelitis). Parents must learn not to exaggerate symptoms or panic with every sniffle or pain in their child. On the other hand, symptoms of disease must be treated suspiciously and commonsense precautions taken.

A sick child should be confined to bed, isolated from other children, kept comfortable and happy and his complaints and symptoms viewed critically and calmly. To excite the ill child with too much solicitude and concern only results in aggravating his general malady. If the child appears critically ill—away out of proportion to the evident symptoms, consult your doctor immediately. Always, if in doubt, let the doctor decide.

"Common things happen most commonly" applies to disease. When certain diseases are prevalent in your community, even in mild epidemic proportions, be forewarned and treat symptoms suspiciously until they are proven otherwise.

THE COMMON COLD

A sniffly, runny nose and a sore throat may be merely a "common cold" or it may be the early symptoms of one of the communicable diseases such as measles, or influenza. Further, what was originally a common cold may develop into bronchitis or pneumonia—the infection having spread from the nose and throat into the bronchial tubes and ultimately into the lung itself.

Colds are readily passed from one person to another and consequently all necessary precautions should be taken to protect young children from catching the infection from others, as well as protecting the other members of the family by confining a sick child to his bed.

Bed rest is the first principle of treating any infection. Congestion in the nose and throat makes breathing more difficult and may be relieved by steam in the room (croup kettle, or boiling tea kettle) and precautions should be taken to avoid burning or scalding. Earache is commonly associated with head colds because the congestion extends from the nose past the adenoids and up the eustachian tube to the middle ear. Shrinking nose drops yield best results in preventing and treating this nasal swelling and subsequent middle ear disease. Because of the dangers of oily nose drops they should never be used. The choice of shrinking drops is best left to the discretion of your doctor.

Fever, irritability, restlessness and loss of appetite are the usual accompanying symptoms. Paper tissues should be used for blowing the nose, then discarded into a paper bag which is burned when full. Cold cream or petroleum jelly applied about the nostrils lessens irritation. Fluids should be offered at frequent intervals and only a light diet at regular mealtimes.

SORE THROAT

In younger children there may be no complaint of soreness in the throat; but swallowing, either saliva, fluids or food is done with some difficulty and distress, this giving a clue to the parents.

Redness and swelling in the throat when associated with fever,

loss of appetite and possibly vomiting, indicates an acute throat infection. Whitish spots or patches in the area may indicate an acute tonsillitis; or it may mean septic sore throat, diphtheria or a trench mouth infection (Vincent's Angina)—all are serious and demand accurate diagnosis and specific treatment by your doctor.

Tonsils are soft spongy masses of tissue, lodged between folds in the throat.

Adenoids are somewhat similar, but smaller, and are located at the back of the nasal passages, one on either side in the vicinity of the opening of the eustachian tube (passage into middle ear). With each nose and throat infection the tonsils and adenoids are involved. Infections from bad teeth and gums are also picked up by the tonsils. Repeated attacks of this type result in enlargement of both tonsils and adenoids, sometimes to such a degree that breathing and swallowing are greatly interfered with.

Obstructive tonsils and adenoids require removal. Moderately enlarged tonsils or adenoids in a child who seldom has head colds, a sore throat or earache need not necessarily be removed.

Many children never require removal of tonsils and adenoids. Parents are well advised to accept the recommendations of their doctor in this regard.

ENLARGED OR SWOLLEN GLANDS

Small lymph glands are dispersed throughout the body. These lumps of tissues are nature's second line of defence in fighting infections. Consequently, after nose, throat, ear or mouth infections the glands under the jaw and on either side of the neck may become inflamed and swollen. Infections in the hand are often followed by tender swellings in the armpit. Swellings in the groin may follow infections in the foot or leg. All such swellings should be reported to your doctor immediately.

CROUP

Croup shows itself as a hoarse, husky, weakness of the voice particularly evident when a child cries. There are two types of croup: simple spasmodic croup which is not serious, and laryngitis, which is an inflammation of the voice box and may be serious. If due to diphtheria it is dangerous, demanding immediate medical attention.

At the onset of croup, it is often impossible to tell which variety

the child actually has. It is important, therefore, to leave this decision to the doctor. Children inoculated against diphtheria by toxoid injections and booster doses are probably protected; but croup which continues through the night and the following day must be viewed seriously.

Croup occurring in an otherwise normal and healthy child a few hours after going to bed is probably simple spasm of the vocal cords. The child awakens with a harsh, husky, barking cough. The cry is lusty but hoarse. The suddenness, the onset and the huskiness may frighten the child. He should be taken into a room filled with warm, moist air, or placed in a "steam tent" and given reassurance pending the arrival of the doctor.

Specific treatment will be given by your doctor. One attack of simple croup usually heralds another for several successive nights. It is better, therefore, to keep the child quiet in bed, avoiding cold air in the room.

When hoarseness, husky cough, partial or complete loss of voice persist the following day, the child does not have simple spasmodic croup. If there is a sore throat and fever, the hoarseness is due to inflammation in the larynx (voice box). Labored, difficult breathing and progressive exhaustion and weakness are extremely serious signs and a doctor should be called at once.

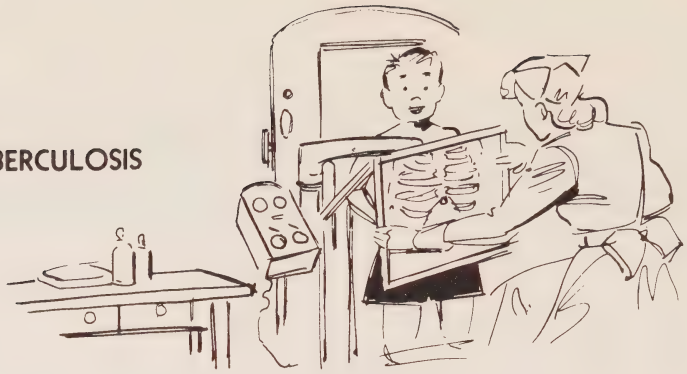
PNEUMONIA

Pneumonia or inflammation of the lung is a serious disease in young children. Pneumonia may follow an ordinary head cold, measles, whooping cough and other infections or the onset may be sudden, with no warning signs.

Fever, chills, rapid breathing and cough suggest the possibility of pneumonia and the need for professional advice.

There are many types of pneumonia depending on the germs and the area of the lung involved. There is no standard treatment for all types; each case requires individual management. Some respond to "sulpha" drugs, others to penicillin, some require oxygen, others do not, hence the doctor should be in complete command.

TUBERCULOSIS



Tuberculosis in young children shows up in many different forms. There are two main types: (1) human, contracted from some person who is infected with human tuberculosis; and (2) bovine (cow) which is passed on from an infected cow in milk or other dairy product that has not been pasteurized.

Practically any part of the body may be affected. Most commonly, however, it affects the glands, particularly those in the chest and in the abdomen; similarly bones and joints are commonly involved. Most of these cases are the bovine type.

Tuberculosis of the lung is usually the result of direct and repeated infection from an active case of tuberculosis in an older person. Tuberculosis of the lining of the chest is known as tuberculous pleurisy. Large quantities of fluid collect in the area between the chest wall and the lung, often pushing the heart and lung over to the other side of the chest.

Pleurisy that is not associated with pneumonia should be considered very suspiciously as tuberculosis until proven otherwise.

Tuberculosis of the lining of the abdomen is called tuberculous peritonitis, and similarly, large quantities of fluid collect inside the abdomen displacing the abdominal organs (intestines, liver, spleen, etc.) pushing out the navel and producing a "pot-belly" appearance.

Tuberculosis of the covering of the brain, tuberculous meningitis, is practically always fatal.

Tuberculosis of the skin and the membranes covering the eyes is rarely fatal but can impose handicaps on an affected child.

Cough is not a common symptom of tuberculosis in your children. Symptoms common to all types of tuberculosis are loss of weight or failure to gain weight, pallor, fatigue, enlarged glands and unexplained fever.

Every effort should be made to avoid exposing young children to known cases of tuberculosis. Tuberculosis is not inherited;

but there is a tendency in some families to the disease. When exposure is known or even suspected the child should be examined by the doctor and a *tuberculin test* made. If the test is positive, an X-ray of the chest should be taken. Children with a negative reaction should have a tuberculin test repeated periodically throughout childhood.

Early diagnosis and treatment offer a child a good chance of recovery from tuberculosis. Neglect, fatigue, improper diet, unpasteurized milk, butter and cheese may readily carry the child beyond the point of recovery. The former great killer of the human race can be wiped out if the basic rules of good health plus vigilance of the suspect or contact child are observed.

RHEUMATIC FEVER

Rheumatic fever is a disease which occurs most commonly during the school age. Nevertheless the preschool child is affected on occasions and parents are urged to keep this childhood scourge in mind.

The symptoms are often obscure. They come and go; and too often "growing pains" are completely overlooked whereas in reality they may be the first clue of impending rheumatic disease. Associated with these vague muscle and joint pains are loss of appetite, pallor, failure to gain weight, nervousness and rapid pulse. In later stages swollen, painful, aching joints plus high fever, definitely tag the child as rheumatic.

Rheumatic disease not only affects muscles and joints but it frequently involves the nervous system and the heart.

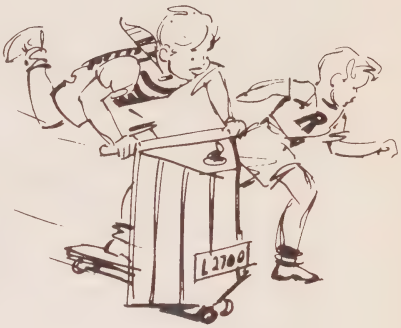
Chorea or St. Vitus Dance is really rheumatic fever of the nervous system. It is characterized by awkward, jerky movements of the arms, legs and face, most evident when the child tries to feed himself, dress or at play. Spontaneous outbursts of crying and extreme restlessness and thrashing about at night should further suggest to the parents the possibility of chorea.

Heart involvement following an attack of rheumatic fever is common. The heart muscle and the valves may be scarred but contrary to popular opinion many of these children can lead a normal healthy life. Because of the likelihood of these rheumatic heart cases having another attack it is necessary for the doctor to make a rather exhaustive study of the case. A detailed history of the child's signs, symptoms and duration of illness are essential. Physical examination, laboratory tests, X-rays, electro-

cardiograms, are all necessary to furnish an accurate appraisal of the case. Equipped with this data, the doctor can give direction in the prevention of further grief from rheumatic disease and advise a daily routine for happy, healthy living.

POLIOMYELITIS (Infantile Paralysis)

Polio is a dread disease to most parents, yet 50% of children affected make a complete recovery. Permanent crippling occurs in a small percentage of cases and one attack usually yields immunity against future polio.



Personal contact, polluted bathing pools and beaches, filth, flies and fatigue all contribute to the spread of polio.

Moderate fever, headache, occasional vomiting, intestinal upset, drowsiness, fretfulness and stiffness or pain in the back or back of neck are the usual early symptoms. Muscle weakness or paralysis follows in a matter of hours or days. Occasionally muscle weakness or paralysis is the first symptom of polio.

There is no specific treatment but a great deal can be accomplished in the medical and nursing care of patients, especially if started during the early stages of the disease.

MENINGITIS

Meningitis is an acute infection of the covering of the brain and is serious although not necessarily fatal. It may be caused by several types of germs (tuberculosis, pneumonia, influenza, etc.), but the epidemic form of meningitis is caused by the meningococcus.

The symptoms of the epidemic type come on suddenly. Fever, headache, vomiting and stiffness of the neck, along with a sore throat and a characteristic rash, demand the immediate attention of a doctor because the earlier that treatment is started the better is the chance of recovery.

Some of the newer drugs demonstrate rather spectacular results on occasions but early treatment is imperative.

CHICKEN POX

Chicken pox is one of the commoner childhood diseases and at the same time one of the least serious. It is readily spread by personal contact with the secretion from the "pox" or sores on the skin or in the nose and mouth of someone with the disease. It is usually about two weeks from the time of contact to the appearance of the disease. Rarely are there complications except from secondary infections due to scratching and picking the pox.

Slight fever followed by a rash in 24 to 36 hours initiates the disease, except in those cases where the rash is the first symptom. Chicken pox rash begins with small red spots which later become small blisters filled with clear fluid or serum. Gradually this serum changes to pus. There may be only a few spots but more often crops of spots break out on the body, face and extremities. Scabs are formed as the blisters burst and itching should be relieved because lesions that are picked leave a scar. A soothing lotion prescribed by the doctor or a paste of baking soda and water gives great relief. A mouth wash will keep the mouth relatively clean and similarly soothing eye baths or drops will take care of any spots on the eyes.

GERMAN MEASLES

German measles, or "3 day" measles, is a much milder type of measles than the other form which is commonly termed simple measles. It is seldom serious and rarely are there complications. Nevertheless it is very contagious.

The rash may look like that of simple measles or scarlet fever, although not quite so red. The glands at the back of the neck around the base of the skull, are usually enlarged. These evidences of disease appear about 14 days after contact.

Although there is no specific treatment for German measles it is important to call the doctor to make certain of the diagnosis.

MUMPS

Mumps is a specific infection of the saliva glands in the mouth. Although usually not serious, there may develop some very serious complications.

The symptoms appear 14 to 21 days after contact. Fever and painful swelling of the glands on either one or both sides are the common symptoms. The glands usually involved are those situated in front and below the ear. Less frequently, the other saliva glands are swollen.

Since mumps is an entirely different disease from that described under Swollen Glands, it is necessary to have the doctor make the diagnosis and direct the suitable treatment.

OTHER DISEASES

There are many other diseases that occur rather frequently in young children but their symptoms, mode of onset and general course are so variable that specific instructions to parents is too involved.

Nevertheless parents should be forewarned that certain associated symptoms suggest certain diseases and medical advice should be sought immediately.

A child who drinks excessive quantities of water, urinates large amounts at frequent intervals and is losing weight despite an enormous appetite, may have diabetes. Diagnosis by the doctor is imperative.

Although acute appendicitis is not common during the preschool age, it does occur. Early diagnosis and immediate operation normally results in complete recovery. A child with nausea, fever (often only slight), pain in the abdomen and occasionally vomiting should be seen immediately by the doctor. The pain is usually on the right side just below the navel, but sometimes it seems to radiate from the other areas of the abdomen and consequently medical opinion is essential.

When a child acts sick, has fever and urinates often with a burning sensation, kidney and bladder infections should be suspected. Special tests by the doctor will verify the diagnosis.

In a little girl a discharge from the vagina (female parts) demands immediate diagnosis because the discharge may be the result of a gonococcal or other type of infection. It may be from

lack of cleanliness. Gonococcal infections are serious unless properly treated.

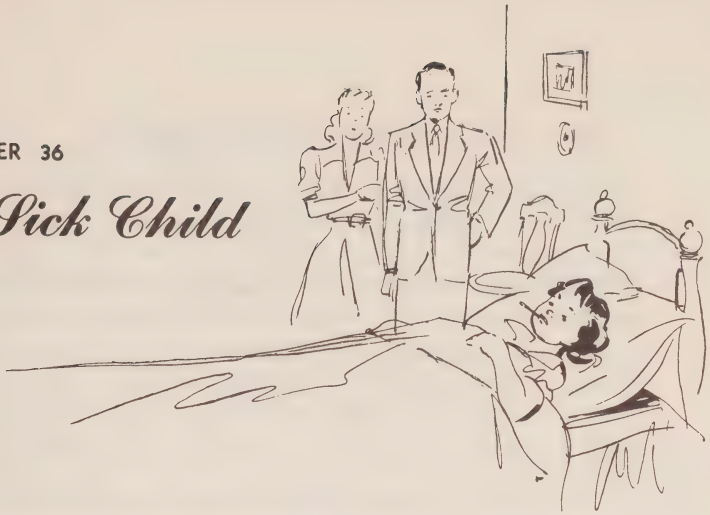
Skin diseases are fairly common in young children; and although they are easily recognized, their diagnosis and treatment should be left to the doctor.

Medical science has worked wonders in bringing about a better understanding of disease and those parents who practice faithfully the fundamental, commonsense rules of good health and personal hygiene have taken an important step in safeguarding their children from the ravages of sickness.

Many of these contagious diseases can be prevented, or their effects lessened, so that your child need never suffer serious consequences from them. How can you do this is dealt with in Chapter 38—Immunization.

CHAPTER 36

The Sick Child



THE sick or ailing child is naturally a cause for concern for his parents. The mother because she is in closest contact with her child during these preschool years, is in the strategic position of being able to tell when her child is "ailing." It is her responsibility of deciding on the importance of her child's changes in disposition, daily routine, behavior and habits as well, of course, as changes from his normal appearance. Why is he so irritable? Does a picky supper, later followed by a loose bowel movement and then a restless night mean the beginning of an acute disease, or is it due to the eruption of back teeth? Does the burning flush of his cheeks, drowsiness, rapid breathing and refusal of foods and liquids mean pneumonia or is it the first stages of some childhood disease? Is his listlessness, pallor and poor posture the result of poor appetite or are they symptoms of some obscure malady?

Such are the questions that will occasionally plague you and it will rest upon you to decide on the importance of such symptoms and then take action to begin a recovery program that will bring your child back to health. Such action may follow the seeking of a doctor's advice (usually the only safe and reliable course) or it may be based on your own previous experience and knowledge.

Keep in mind always that children, just as grownups, react to their everyday experiences, both pleasant and unpleasant. These experiences make a joyous, happy child or a sad and bitter one. Emotions have a very deep influence on your child's general health. Loss of appetite, vomiting, irritability, restlessness during sleep, disturbing dreams, nightmares and haunting fears should suggest that a child's environment and daily routine demand careful study and possible reorganization.

CLUES TO TROUBLE

Not enough sleep can make him listless, tired, cranky, and not want to eat. If these symptoms continue even after you have made sure he is getting sufficient rest, then be on your guard. Note his posture, color, sparkle in his eyes, and ability to keep up with his playmates. These and other clues might indicate simple malnutrition, lack of sufficient vitamins, anaemia, or possibly a chronic infection such as tuberculosis or rheumatic fever. Conditions of this type are likely to sneak up on your child and if you are not on your toes you'll not recognize the sickness until it is fully developed.

Acute infections are usually much more dramatic in their signs and symptoms. Their beginning is announced by fever, sometimes chills, drowsiness, vomiting, diarrhoea and occasionally convulsions. Here you will know for sure that your child is sick and not merely ailing. To diagnose *what* his illness is should be left to the doctor. You can help your doctor in many ways in making his diagnosis. But first, the relationship between your doctor and child should be a friendly one. Your child should have confidence in the doctor, a trust and feeling that he will be helped to get better. You can build up this trust by telling your child how the doctor is always helping people to get better when they have been sick.

YOU CAN HELP THE DOCTOR

The doctor, in appraising the severity of the child's condition, takes a history of the illness. When were the first symptoms noticed? Has he had fever? What about the bowel movements? Did he vomit? What about acceptance of food? Does he complain of pain, and if so, where? These and many other important facts build up the story and assist the doctor in making an accurate diagnosis. This history of the present illness is sought from the parents. To aid the parents, the commoner signs and symptoms of acute illnesses are listed:

Fever—Hot, dry skin, flushed cheeks, possibly profuse sweating, checked with thermometer.

Crankiness and irritability—Crossness, whining and fussiness in a normally happy, active child.

Loss of Appetite—Refusal of food or pickiness in a child who usually is a good eater.

Running Nose—Watery or mucus discharge from the nose may mean the beginning of a headcold, measles, whooping cough or influenza.

Cough—In a child usually indicates illness, unless it results from choking on some liquid or food.

Hoarseness—A huskiness in the voice, whether with crying or talking and especially when associated with fever, indicates severe croup, laryngitis or diphtheria.

Sore Throat—May be associated with a headcold, or it may indicate the beginning of scarlet fever, diphtheria, septic throat. polio or acute tonsillitis.

Vomiting—May be very significant, particularly if repeated. Projectile vomiting (forcibly expelling stomach contents for a distance of several feet) demands medical advice.

Diarrhoea—When associated with fever means illness.

Pain—Localized pain in any part of the body—head, ear, chest, abdomen, back or limbs—may be due to acute illness or to injury.

Drowsiness—Dopiness and a desire to sleep rather than play or eat, especially when associated with fever suggests acute illness.

Convulsions—Are always indicative of underlying malady.

Rash—Eruptions or a breaking out on the child's skin as in measles, scarlet fever, chicken pox, small pox, meningitis, typhoid fever, etc.

Headache—Pain in the head is an early symptom of malady—it may be a toxic effect, or pressure within the cranium, or injury.

Stiffness of the neck and arching of the back—Usually associated with diseases of the nervous system such as meningitis and poliomyelitis.

HOME NURSING

Your sick child needs comfort and assurance. More than ever he requires love and affection, a feeling of security and a faith that he will be guided back to health by the tender care of his parents, and if need be, the professional skill of his doctor. Recovery and convalescence are hastened if you heed the basic principles of home nursing.

The sick room should be quiet, cool and well ventilated, and, if possible, conveniently situated.

The child's bed should have clean sheets and enough blankets for warmth, avoiding excessive weight of bed clothing.

The child should be put to bed in a position that gives him greatest comfort and opportunity to sleep.

Keep the child to himself. He is too sick for visitors; other children and especially "outsiders" will annoy him.

Until certain of the diagnosis (type of disease) consider the child as contagious—he can pass his illness on to other children and members of the family.

For further protection, boil his dishes and eating utensils; launder his bed linen, towels, washcloth, pajamas, etc., separately. Keep his toilet-articles away from the family. Paper handkerchiefs or toilet tissue should be used and then burned.

The mother, or whoever is attending the child, should maintain strict cleanliness. Never approach the patient with dirty "work'hands" and a grubby dress or apron. Wash your hands thoroughly with soap and water *before* and *after* attending the child. It is a good policy to keep a clean large apron or gown hanging just inside the sick room. Wear it while taking care of the child and remove it when leaving, then wash your hands.

HIDE YOUR ANXIETY

The mother (and father) must not show undue concern or anxiety in the presence of the sick child. It is only natural for the parents to be worried, particularly if the child seems extremely sick and the illness has not been identified yet; but do not let the child suspect your concern because it frightens him. He loses confidence in your ability and his security. His anxiety interferes in his proper rest and when he does sleep he is racked by nightmares and delirium.

Always remember that "Mother Nature" is the greatest curer of all. Whatever you do for the sick child *must* aid Nature and not work against her.

The sick child likes to be left alone, quietly, to rest and sleep while the body gathers together all its forces to fight the infection. Do not disturb the child if he is sleeping, unless it is to give special treatment ordered by the doctor.

If the child can not sleep, then assist him. Smooth out the bed sheets, fix his pillow, give him a sponge bath to reduce the fever, fix the shades so that there is no glare in his eyes, tuck him in gently and lovingly in a position that relieves his discomfort or pain.

During the acute phase of an illness, leave the child alone. Do not fuss over him. Beyond carrying out the doctor's orders he should not be disturbed.

Normal body functions must be maintained. Due to a limited food intake and complete lack of exercise his bowel movements may be less frequent. Watch this carefully, and if no stool is passed for 48 hours a *warm* water enema should be given. During illness NEVER give a laxative unless ordered by the doctor, because serious complications may follow. The amount of urine passed may be scanty and concentrated. This is a definite indication that the child needs more fluids (water, ginger ale, fruit juice or cool weak tea). Unless there is vomiting, these fluids should be offered frequently (every hour) during wakeful periods. Pain or burning during urination should be reported to the doctor.

DIET DURING SICKNESS

The diet during illness demands enormous patience. The really sick child has little or no desire for food. It may be that he is unable to digest foods at this time, and if persuaded to take something, he promptly vomits. Once the acute phase of the illness is passed his loathing for even the sight of food will gradually give way to certain "desires." If these desires for particular foods are reasonable and not likely to upset his digestive tract, then pamper him a little.

Although the child can get along for a short period on practically no food he must have water. Fever, perspiration, vomiting and diarrhoea rapidly deplete the body tissues of water. If continued, a critical state develops. It is evident therefore that fluids must be given frequently (on every wakeful occasion).

If there is vomiting, this of course must be controlled first, then fluids gradually "poured" into the child. Cool weak tea is invariably kept down when water and fruit juices are vomited. Ginger ale and chipped ice to suck are usually acceptable means of getting fluids into the child. Home made water ices and flavored gelatin are other ways of enticing the child into accepting fluids.

Illnesses in which the digestive tract is not upset do not present the same dietary problem because the child may accept a simple diet of milk, eggs, toast, crackers, mashed vegetables, fruit juices, cereals, milk puddings, water ice, honey and corn syrup. *Never force him to eat!* With fluids it is a different story. Either he takes them by mouth or he will get them by rectum or through a needle under the skin or into a vein. *Water is essential.*

NURSING PROCEDURE

The following routine nursing procedures should be carried out by the mother with every acute illness in the child.

(*a*) General cleanliness is very important. A warm sponge bath at least once a day cleans away the body oils and perspiration. A mouth wash several times a day keeps the child's mouth clean.

(*b*) The temperature should be taken with a rectal thermometer. A child's normal rectal temperature ranges from 98.6°F. to 99.6°F. Temperatures over 101°F. should be reported to the doctor. To take the temperature, smear a small amount of

vaseline or cold cream on the bulb end of the thermometer, and with the child lying on his side, and gently but firmly held, insert the thermometer (about 1/3 its length) into the rectum and leave it for two minutes. Hold the child and the thermometer the whole time to avoid kicking and breaking the thermometer. Remove the thermometer, wipe with clean dry cotton and read the temperature. Make a habit of recording the time and the temperature reading, then shake the mercury back to normal. To clean the thermometer wash it in *cold* soapy water, rinse, wipe with alcohol, swab dry, and put it in a safe place. (*Hot* water will break the thermometer).

CHAPTER 37

Convalescence

When the acute phase of the illness is over, the child still has many gains to make before he is back to normal health. Complications must be avoided, appetite restored, normal bowel and bladder functions re-established and tissues rebuilt. This is the convalescent period when proper care of the child will tax the parents' patience and ingenuity.

Confinement to bed irritates the child because he doesn't understand why he has to take things easy for a while. From the onset of his illness he has been the centre of attention. His fears and whims, irritations and miseries, aches and pains, have been soothed and fussed over with loving parental care. His pyjamas and bedding have been frequently changed, his feverish body sponged, his medicines, drinks and food brought to him at regular times. He has become accustomed to having all his demands gratified almost immediately. It's only normal that, despite the fact the disease is under control, he'll continue to make demands for attention. And this is where sympathetic understanding on the part of the parents will prevent the development of troublesome behavior problems.

Parents commonly state that their child's "problem" began with an illness which he had some months, or even years, before.

FAULTY CURE TO BLAME

What is not often realized is that the behavior problem is usually caused by their own faulty care during convalescence, and the illness itself is not to blame.

Since the child has been sick, his appetite is going to be "picky" for a while. Too often, parents literally push foods into their child in a vain attempt to restore his normal weight. And this is usually the beginning of a "feeding problem."

Eager attempts to re-establish bowel and bladder control may similarly cause trouble, such as persistent fears, temper tantrums and disobedience. All this can be avoided if the child is given a reasonable amount of parental attention and affection, and has his time well occupied with various interests.

Fatigue is very common after even short periods of play during convalescence. There should be frequent rest and nap intervals.

IT'S A GRADUAL PROCESS

The convalescent child should be encouraged to undertake gradually the things that he is expected to do for himself and to show increasing self-reliance. While it will be necessary for the parent to spend some time with him, reading to him, making plans for pleasant things he will do when he is well, it is also desirable to provide him with play materials so that he can occupy himself much of the time.

These materials will of course need to be suitable to his age and the degree of activity that is permitted to him. Books will be a main stand-by. Crayons, pencil and paper, with a board on which to draw, are very useful, as are also blunt scissors and magazines or catalogues that may be cut up, paper doll cut-outs, beads for stringing, puzzles, games such as parcheesi and snakes-and-ladders. These will keep him occupied whether he is still confined to bed or is allowed up for shorter or longer periods.

As a wider range of activities is gradually permitted, he will resume play with the usual toys and materials of his age. It should be some time before exciting affairs such as the movies and children's parties are attended. A quiet environment will help. Play with other children should come gradually.

CHAPTER 38

Immunization

One of the most remarkable achievements of medical science has been the prevention of disease by immunization. Not so many years ago more than half the children who suffered from diphtheria died in spite of treatment; the death rate often reached as high as 80 per cent. In past centuries smallpox was the scourge of society; only 60 years ago, when Montreal had a population of 120,000 there were 25,000 cases and 3,000 deaths from smallpox in that city *in one year.* Whooping cough has been a deadly foe of the baby for years. The possibility of the dread lockjaw always accompanies a wound.

These dangers have been largely overcome. Toward the end of the 18th century, Edward Jenner gave to the world the technique of vaccination. Diphtheria has been successfully prevented for many decades. Whooping cough vaccine provides protection in over 85 per cent of children and tetanus toxoid is extremely effective in preventing lockjaw.

THEY CAN BE PREVENTED

In short, we have the tools and the methods of preventing such diseases. If a child today dies from smallpox, it means somebody has neglected to have him vaccinated. The person who dies of diphtheria hasn't been properly immunized and the baby lost to whooping cough has likely received no vaccine protection. And yet, there are such deaths every year. As a parent most concerned with the well-being of your baby would you want to bear such guilt? Remember—despite the most rigorous health precautions, dangerous germs are ever lurking to attack your child. Only immunization can keep them at a safe distance.

DIPHTHERIA

Diphtheria is a dangerous, highly infectious disease that is frequently fatal if the child has not been protected by immunization. It is caused by germs which lodge in the throat and nose. The first signs are usually a sore and inflamed throat, feverishness and a disturbance of the whole system. If neglected, its victim dies of what is practically strangulation.

Diphtheria spreads rapidly from one person to another, either by direct contact or by means of carriers (people who carry the disease, yet are not affected by it themselves) and infected clothing, dishes and common drinking cups. In the old days before the discovery of antitoxin and toxoid it wiped out whole families and even communities because of its severity.

It attacks all ages but is much more apt to attack young children, especially those from six months old and up. It is also more severe in these younger children and causes more deaths. Even when a case seems apparently mild, it may leave serious heart and nerve complications. The greatest number of deaths occur among children under five years of age.

There is no other method of preventing diphtheria than by immunizing your child with toxoid. It will protect your child against taking the disease. There isn't any doubt or experimentation attached to the use of toxoid. It is a safeguard against the loss of life by diphtheria. There are no after effects of pain or sickness. Toxoid needs time to do its good work so each child must have repeated injections before he can be considered safe. They are given at intervals of three weeks. But to be effective,

toxoid must be used early. From the age of six months on, your child is in danger from diphtheria. Therefore have him immunized against this killer when he is six months old. Your doctor or health officer will do it and advise you concerning booster injections during childhood. Toxoid is *not* a treatment for the sick but a preventive against diphtheria before it strikes.

SMALLPOX

Before the days of vaccination, smallpox was one of the most dreaded diseases that afflicted mankind. Then you could divide the population of a country into two groups—those who had already had the disfiguring disease, and those who were going to get it. Nowadays, people have a choice of being vaccinated or having smallpox. There is no natural immunity against this disease. Vaccination, therefore, must never be neglected. Have your child immunized as early as possible in infancy—at three months of age is recommended—and then revaccinated upon entering school, high school and when there is any epidemic of smallpox reported.

The time of incubation varies from seven to sixteen days (i.e. from the time of exposure to the germ to the onset of illness) and symptoms of the disease are fever, severe headache, backache, prostration, followed by rash which become pustular in about a week. The rash consists of small red spots which become elevated and hard. Smallpox within five years of vaccination is almost unknown, within fifteen years very rare.

WHOOPING COUGH

Whooping cough is especially dangerous for young children and so it is highly important to immunize against this disease in infancy. Vaccine can confer complete immunity on most children, in others the disease may appear but the symptoms are always mild and the period of illness greatly shortened. To put it bluntly: whooping cough which ends in the death or disability of a child, especially in the first five years of life, may usually be blamed on parents who have failed to have their child inoculated. The vaccine deserves to be ranked as one of the great contributions of science to child health.

Whooping cough is one of the most curious of the contagious diseases. It starts out like a common cold or cough but gradually in about a week's time the cough becomes spasmodic and the typical "whooping" cough develops. Between attacks of the coughing, the child appears quite normal and eats and plays as usual. The infection spreads by direct contact and usually takes about ten days to develop. It is most contagious during the first two weeks, but may remain so as long as five or six weeks.

Inoculate your child at three to six months, with "booster" doses at three years and again at six years of age.

SCARLET FEVER

Scarlet fever is caused by a germ which produces a poison and it is this poison that causes the scarlet fever rash and some of the complications of the disease. Even the so-called mild type of scarlet fever may result in serious complications. Some authorities suggest immunization be given at from 12 to 18 months of age. There is a reliable test (known as the Dick Test) available to determine whether your child has immunity against scarlet fever.

TETANUS (Lockjaw)

The common name for tetanus is lockjaw and the germs which cause this disease get into the body through a break in the skin due to an injury. When the disease strikes, it is usually fatal but immunization against it can be obtained by use of tetanus toxoid. The best time for immunization is during infancy, many physicians recommending the age of two years.

Tetanus takes anywhere from four to 21 days to develop and its course is marked by a wound infection followed by painful muscular contractions of the jaw and neck muscles, later of the trunk and extremities.

TYPHOID FEVER

The incidence of typhoid fever has steadily declined for many years in Canada, largely the result of improved sanitary and health measures along with protective immunization. The im-

munity does not last as long as in the case of some other diseases. For this reason typhoid vaccine should be given in cases of a special exposure: such as during epidemics and when travelling to areas where typhoid is prevalent or where sanitary measures are lax. Your physician or health officer can advise you under what circumstances you should have your child inoculated against typhoid fever.

The incubation period for the disease can be from three to 38 days but normally is one to two weeks. It is characterized by continued fever, headache, prostration, often nosebleed, rose spots on the abdomen, diarrheal disturbances, blood in the stool.

MEASLES

While measles is not often fatal, its complications can be quite serious, especially in children under three and in chronically ill older children. If within a week after he has been exposed to measles a child is inoculated, the disease will be modified. If the inoculation is given in the first four days after exposure, the disease may be prevented. For this reason, all infants and young children with debility should be immunized whenever they have been exposed to the disease.

INFLUENZA

There is no satisfactory, lasting immunization against either the common cold or influenza at this writing. Your physician or health officer will advise you regarding steps to be taken in particular cases.

IMMUNIZATION IS . . .

Painless. About as painful as a mosquito bite is the inoculation procedure used in immunization against the common childhood diseases. And, ordinarily, the resulting reaction, if there is any, consists of nothing more than some redness and a bit of local swelling—a small price to pay for sure protection!

Cheap. There is no cheaper protection than immunization. It

can be done by your family doctor or at a free immunization clinic. And it is a safeguard against the costs of a serious illness. It not only saves money—it saves parental worry, time lost through illness, perhaps life itself.

Effective. Immunization is the most effective means of protection against many communicable diseases. It does what it's supposed to do—protects your child from several serious and often fatal illnesses. In rare cases the disease may be contracted despite immunization, but it is always less severe.

IMMUNIZATION CHART

DISEASE	INCUBATION PERIOD (time from exposure to onset of illness)
DIPHTHERIA	*2 to 5 days*
INFLUENZA	*1 to 3 days*
MEASLES	*7 to 21 days (more commonly 8 to 14 days)*
SCARLET FEVER	*2 to 5 days*
SMALLPOX	*7 to 16 days (commonly 12 days)*
TETANUS (LOCKJAW)	*4 to 21 days*
TYPHOID FEVER	*3 to 38 days (commonly 7 to 14 days)*
WHOOPING COUGH	*5 to 21 days (commonly 7 days; almost always uniformly within 10 days)*

THESE DISEASES CAN BE PREVENTED OR MODIFIED BY INOCULATIONS

SIGNS AND SYMPTOMS	INOCULATION RECOMMENDATIONS
An acute infection, generally of air passages—nose, throat, tonsils; marked by a patch of dirty white or grayish membrane.	*Toxoid at 6 to 9 months, with regular "booster" doses during childhood.*
An acute infection, characterized by marked prostration, aches and pains in back and limbs, cold in head, sore throat and bronchitis.	*Only when recommended by physician.*
An acute infection, with fever, inflamed eyes, nose and throat; early signs in mouth, later rash on skin.	*In infants and young children with debility whenever exposed.*
Fever, sore throat, headache, vomiting, rash; infected throat, strawberry tongue.	*As recommended by physician.*
Fever, severe headache, backache; prostration, followed by rash, becoming pustular in about a week.	*Early in infancy, with revaccination of children entering school, and of entire population when epidemic occurs.*
A wound infection, followed by painful muscular contractions of the jaw and neck muscles, later of the trunk and extremities.	*As recommended by physician; usually during infancy.*
Continued fever; headache, prostration, often nosebleed, rose spots on abdomen, diarrheal disturbances, blood in stool.	*No special age—in presence of epidemics and in other special circumstances.*
An acute infection involving windpipe and bronchial tubes with a typical cough lasting up to 1 or 2 months.	*At 3 to 6 months.*

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OTTAWA
EDMOND CLOUTIER, C.M.G., D.A., D.S.P.,
QUEEN'S PRINTER & CONTROLLER OF STATIONERY
1955